The International Development of the Junior Red Cross

By the Junior Secretariat, League of Red Cross Societies.

THAT which is great in history often has a very humble beginning. English constitutionalism owes a great deal to a certain field called Runnymede and the town-meetings of New England have blossomed into American Democracy.

The year 1914 is remembered by all as the beginning of a world catastrophe, though, by some, it is also regarded as the dawn of a new hope. In that year, in the Province of Quebec, children were enrolled by the Canadian Red Cross to make surgical dressings. Insignificant as the event might at first seem, it was wrought with far-reaching consequences. Then and there the Junior Red Cross movement may be said to have started, and as time went on it gathered momentum until today it is spread throughout the world permeating the life and work of 8 millions of boys and girls.

The movement soon took hold of Australia, but it was America which supplied the greatest impetus. In 1917 a plan was launched in the United States to enlist twenty millions of school children in the service of the Red Cross. At the conclusion of the Armistice these children sent 40,000 pieces of furniture to the homes and schools of the devastated regions and 2 million dollars for the relief of European children.

This great visible demonstration of the power of children united in an organization and animated by an ideal to accomplish significant undertakings in the field of humanitarian action immediately stimulated the hopes of educators and statesmen in war-torn Europe. The world they had known was destroyed. They welcomed every means that offered to help them build a new and—God willing—better one. The idea of the Junior Red Cross fired the imaginations of old and young alike. And in those countries where the American Red Cross had relief workers dispensing either senior or junior funds, the gospel was spread and an organization was left behind which has in it the seeds from which it seems two plants may grow: peace and self-help, which will prevent the necessity in the future of any similar outpouring of relief to assuage the ills resulting from man-made calamities. The eager Hungarians, the quick-spirited Poles, touched to the heart by this new possibility, organized Junior Red Cross sections in 1920. Czecho-Slovakia seized the movement as a necessary part of the training needed for new citizens of a new republic; Jugo-Slavia began talking Junior Red Cross almost before her senior Red Cross was well on its feet, the new Austria adapted it to her new needs, sparks were kindled in Rumania, Bulgaria, Italy, Argentine, Japan. Thus the flame went leaping round the world until at the end of 1922 twenty-two Red Cross Societies had Junior sections. Of these, eight had received aid of a most valuable sort from the National Children's Fund of the United States of America.

The chairman of the Junior Red Cross Committee of Graz, Austria,

likens this activity to that of a man who gives an apple to a hungry child. The average person gives the apple and feels he has done enough. The apple is eaten and six months later the benefactor is forgotten and no lasting result of his act is to be found. "Not so with the Junior Red Cross," says he. "The Junior Red Cross is like a man who gives the hungry child an apple, watches him smack his lips and hears him say: 'Ah, that's a good fruit.' Then the benefactor says: 'You like that apple? Would you like to have such apples as that all the years of your life? Yes? Well then, I brought you also a seedling of that tree. Let us go into the garden and you shall plant it so it will grow.' 'But I don't know how,' the child protests. 'It is quite easy,' says his friend, 'come, I will show you.' Such a benefactor is not forgotten for many generations."

Today we may say that 34 such apple-trees are planted, for 34 Red Cross Societies have organized peace-time Junior Red Crosses, five more are in the process of organizing junior sections, and another five are thinking of doing so. There are eight million children of both sexes, of various colours and of all races, united under one single banner. If they were congregated in one place they would outnumber the population of either London or New York. But there would be this significant difference: these eight million individuals would be engaged in similar activities tending towards the realization of the same ideal. The ideal is implied in the three-fold programme of the movement:—

1. The promotion of health;
2. The rendering of service;
3. The development of international friendship.

The programme is the same in countries as different from each other as Siam and Sweden, or Esthonia and Equador. In order, however, to carry out this programme, activities must go forward according to the conditions obtaining in each individual country. Consequently, while the purposes are the same, the efforts to achieve them are necessarily different. It is these very differences which lend colour and a marked quality of the picturesque to the story of the Junior Red Cross. It may therefore be desirable to indicate the nature of the efforts made or activities carried on by the Juniors throughout the world.

Health—The activities to promote health may be summarized as follows: First aid, health plays, health games, health stations, the development of personal hygiene, lectures and courses on health, debates on health topics and health clubs. This brief classification is not by any means descriptive of the efforts actually made in different countries. Any one of these activities may assume an aspect in one country totally different from its appearance in another. Personal hygiene activities, for example, have developed very differently in the countries of Hungary and Bulgaria. In the former country children study personal hygiene and agree to check their "health habits" on a "Health Game chart." They work together to provide medical treatment for any member of their group who needs but cannot afford it. In Bulgaria they do not keep individual health habit charts, but a pupil is appointed health inspector of the class. It is his duty to see that hands, fingernails, faces, necks and ears are clean. Sometimes he orders shoes and stockings off and includes feet in his inspection. On the wall of the class-room hangs a poster with the health rules printed on it. This is very similar to the posters which hang in Canadian class-rooms, but there is this difference: In Canada, Rule 4 reads: "Take a bath at least once a

week." In Bulgaria it advises you to try, if possible, to take a bath each month. In that three weeks' difference lies a summary of the whole difference of the history of the two countries: Bulgaria was ruled by Turkey until fifty years ago. Therefore, "bath" to the Bulgarian means an event as important, social and time-consuming, as a Turkish bath. If Stirka is absent from school for a day, an adequate explanation often is that "she is taking her bath." Thus, if the event is less frequent in Bulgaria than in some other parts of the world, it is at least more thorough.

Junior activities are capable of assuming amusing forms. An eye witness of a "clean-up" day in Austria, reported that at one of the school baths a boy acting as Junior Red Cross bath master, insisted on an unusually vigorous amount of scrubbing on the part of all participants. No one was permitted to consider this performance in the light of a mere ritual, and those who tried to escape half clean were sent back to complete their task. The boys of a certain school in Poland, as reported by the Polish Junior Journal, have brought a basin for the public washing of any dirty boy.

Service—Undertakings which may be described as service activities vary much more in form than the health activities. Different communities have different needs and different needs have different degrees of urgency. The most urgent needs call for the most immediate service. But aside from the requirements of emergencies, there is always room for service. The crippled children, the weak and the poor need help; schools, public grounds and parks need care; useful social institutions such as hospitals, health or recreation centres need support; and mothers and infants need protection. Wherever there is demand for service the Juniors are ready to supply it to the best of their ability. It should not be thought, however, that the service activities of the Junior Red Cross merely constitute welfare work in the narrower sense. It has been well said that there is no such thing as sacrifice, since the one who makes a seeming sacrifice derives satisfaction either from the fact that benefit is conferred where it is due, or from the feeling that good is done whether or not it is deserved. The Juniors are not engaged in a one-sided form of charity work; they are undertaking a great educational experiment in "the humanities." Not only do they give, they also receive; and in giving and receiving they need suffer no debasing sense of obligation to one another. "From each, according to his ability and to each according to his need" is their ideal.

Such activities cannot fail to produce educational results of the most far-reaching kind. Boys and girls are supposed to learn the rights and duties of citizenship in their schools. But if what they learn is merely verbal, expounded by a teacher from a school platform, the responsibilities of citizenship become couched in academic formulas rather than in concrete social relationships. It has become almost a truism to say that the service of the Junior Red Cross brings the ideal of good citizenship into the actualities of every day life. Social rights and duties are no longer merely printed in books, they are imprinted in the character and personal experiences of each and every Junior. The experiment of 34 national Red Cross Societies allows no room for doubt on this point.

International Understanding — Activities for the development of international friendship may be grouped under three headings: 1. International school correspondence; 2. Mutual aid; 3. Junior conferences and visits.

International school correspondence is now an accomplished fact. Its value is demonstrated and recognized: it needs no excuse for being. At present hundreds of letters and portfolios are being exchanged between the children of 46 countries, in 259 different relationships. The result in each of those 46 countries must necessarily be not only an increased knowledge of the children of other nations, but also an increased sympathy for them. The reported earthquakes in Massachusetts on January 8th, brought forth letters of sympathy from the school boys of Latvia, and the great fire in New Jersey last year caused much worry among the Hungarian Juniors, for in each case the European children felt a real concern for the welfare of their friends in those States.

International sympathy is not only expressed in letters, it is also voiced in more substantial forms. Thousands of children in many different lands contributed their mite toward the amelioration of the terrible plight of Japanese children as a result of the earthquake of 1923. Whenever such an unusual occasion arises the Juniors throughout the world are ready with their gifts. Presents are also exchanged on such occasions as Christmas. The boxes of Christmas gifts sent by the children of the U.S.A. to their European comrades have been of incalculable value in proving in a tangible way the existence of international child sympathy. Needless to say, the European Juniors in every instance have made such heartfelt response as was compatible with their means.

International visits and Junior conferences, to which child delegates from neighbouring countries are invited, are another means for developing international friendship. The Czecho-Slovakian Red Cross invited to its Junior Congress, held in the spring of 1924, two child and two teacher delegates from each of the Red Cross Societies of its neighbouring countries. This form of activity, though necessarily regional and limited by considerations of time, space and money, is rich in opportunities for personal contacts between the children of different nations.

We cannot hope here adequately to describe the thousand and one activities of the Junior Red Cross. The foregoing account merely represents a sketchy abstraction of them in what is, we trust, an easily comprehensible form. Detailed and adequate impressions can be obtained only from personal inspection or from original documents. Such documents are on file at the Secretariat of the League of Red Cross Societies in Paris, and are open to committee members, executive officers, field workers, educators and social workers of any member Society who wish to make a study of the Junior Red Cross in any of its phases. In addition, field visits made by members of the staff of the League Secretariat to the various national Societies which have organized Junior sections, have proved helpful as a means both of gathering and disseminating information and assisting in problems of organization.

Students interested in the movement and unable to visit the centres of information may, however, secure reports of the current undertakings from the League's Information Bulletin as well as from the Junior magazines.

At present 21 national Societies are publishing 24 Junior magazines in 19 different languages. It is customary for each magazine to devote a part of its space to news of the activities of foreign Juniors. These magazines are exchanged between the different Societies so that the experience of each can be pooled for the benefit of all.

The Junior Red Cross has come to stay and to spread. It is here to stay because it performs a function which until the last few years has been left unperformed. The chaos and disaster which overcame the whole world at the time of the great war are witnesses of its necessity. It is sure to spread because fruitful ideas are invincible.

"Stone walls do not a prison make,
nor iron bars a cage,"

nor oceans a barrier, so far as the Junior Red Cross movement is concerned.

Up in the wintry north of snow-covered Alaska, where life remains undisturbed by the rough and tumble of a more merciful climate, little Eskimo boys and girls, knowing that the subscription price of the American Junior News is required of all classes, gathered together "a scrap of fur of a baby seal, a bit of white fox, a tiny bit of precious old ivory, two walrus teeth, a tiny head of rich ivory, sinew of walrus and a small bit of whalebone and leather as the equivalent of their due of 50 cents."

This is the poetry of life. Single-minded eagerness, whole-hearted devotion to a desire born of the purity of infant souls, and efforts to satisfy it, are among the rarer beauties of life. They may be but by-products of the Junior Red Cross movement, but they demonstrate the hold it has over children of every race and clime.

Memorial to Overseas Nurses

The committee of the Elizabeth Garrett Anderson Hospital Extension Fund have been honored by receiving permission from the Dominions Governments to incorporate as part of their extension scheme a memorial to Members of the Overseas Nursing Service who gave their lives in the war. It is proposed to erect the Nurses' Home, which will form part of the new building, to their memory.

No memorial solely dedicated to the Overseas Nursing Service has yet been raised in this country, and the committee feel that the opportunity is specially appropriate in connection with the Elizabeth Garrett Anderson Hospital, which was the pioneer woman's hospital of our Empire. Queen Alexandra, who in 1890 laid the foundation-stone of the present building in the Euston Road, has expressed the hope that "all who have at heart the welfare of women and children, will help the Extension Appeal Fund, and render service of some kind to forward the success of the enlargement of the Hospital of which she is Patron."

The Nurses' Home will be dedicated to thirty-nine members of the Canadian Nursing Service, twenty-four members of the Australian Nursing Service, four members of the South African Nursing Service, fifteen members of the New Zealand Nursing Service, three members of the Colonial Nursing Service, and one member of the Indian Military Nursing Service. Many women in all parts of the Empire will want to join in raising this memorial. All subscriptions sent to the Hon. Treasurer of the Appeal Fund, the Elizabeth Barrett Anderson Hospital, 144 Euston Road, London, N.W. 1, England, will be gratefully acknowledged.—(The British Journal of Nursing, April, 1925.)

— Editorial —

Unemployment Among Nurses and Some of the Contributing Causes

Recently there appeared in one of the daily papers of the Dominion the following advertisement:—

> "Registered, graduate nurse desires position; will do housework; car fare extra."

This advertisement is very significant. During the past year unemployment among qualified nurses has been so acute as to arrest the attention not only of the Registrars of the various Nurses' Registries but of the Superintendents of Training Schools as well. So concerned as to this situation of unemployment are the Superintendents of Training Schools of at least one Province of the Dominion that, at a recent convention, the subject received very serious consideration, resulting in the passing of a resolution favoring further study of the situation and recommending that the Council of Nurse Education in that Province take steps to limit the number of student nurses admitted to the approved training schools.

Under present conditions Canada cannot absorb the product of her Training Schools for Nurses and, yet, in this matter of unemployment among nurses, we hear no whimpering from the young women who for years have made possible the operation of hospitals for the care of the sick and the advancement of Medical Science.

The indications of an improvement in this situation of unemployment are far from promising, for there are a number of movements being promoted at the present time in Canada, each of which tends in its results to be decidedly detrimental to the best interests of the graduate nurse. These movements are emanating from different sources, and while no one questions the sincerity of the promoters, and while the aims may in each case be entirely disinterested, the results will in none of them be what the advocates intend, because the movements have been launched without adequate knowledge of the underlying causes producing the conditions which the movements are intended to remedy.

During the past twenty-five years the work of the graduate nurse has brought to the home so very desirable a service in time of sickness that there are few communities in which the value of this graduate nurse service is not now generally recognised. Formerly, however, there were only a few families who could afford such service. It was, in fact, looked puon as a luxury not only by the patient, but equally so by both the family and the physician. Luxuries, however, once enjoyed or even contemplated come, by the lapse of time, to be regarded as necessities. So it is today with graduate nurse service. Physicians feel that it is most desirable; families hesitate to undertake the care of the sick in their homes without it; and so impressed are patients themselves with the idea that such service is necessary that in many instances it is demanded by them when there is really no urgent need for it.

The general public, also, become possessed of the idea that such service is a necessity, and with the best possible motives community efforts

have been put forth, in various places and in different ways, to make it possible for every sick person, regardless of his ability to pay the cost, to have this service.

And it is just at this point that one of the fundamental errors in these various movements arises. When it is found difficult to provide graduate nurse service at the current rates the idea is evolved that such nursing service may be had from those who are not graduate nurses; and from this has arisen the idea that short periods of instruction and training can be given to groups of women so that they may be fitted to render service in case of sickness at a lower cost than that entailed when a graduate nurse is engaged. The plan is fallacious in two respects. In the first place the type of service is not the same; in many cases it would not be adequate to the nature of the illness; and in all cases the family is under a wrong impression as to the knowledge and skill of the individual so undertaking to care for the person who is ill. In the second place very few women so partially instructed and trained, remain for any length of time content to perform what service they can at a rate any lower than that charged by the graduate nurse. Nor is it possible that they should do so, when it is remembered that the graduate nurse charges less than fifty cents an hour for her services, and averages not more than about seven months of work in each year.

Again it has been proposed, in a recent address by the president of a provincial Medical Association, that there should be several grades of diplomas granted to nurses in training, indicating as the case might be, that six months, or one year, or two years had been spent in a hospital, by the holder. The holder of one of these diplomas would be able to engage in the private practice of nursing and charge for her services. The result would be decidedly injurious not only to the graduate nurse, but also to the families by whom such persons were employed; and the plan would eventually result in the hospitals of the country finding it difficult to secure nurses in training, since the field for service after graduation will be extremely limited, if others are to be permitted to give less efficient service, and still be able to charge, as they do, the same fee.

There are other practices which are also detrimental in their operation to the interests of the graduate nurse. Organizations which were originally formed for the purpose of supplying graduate nurse service to the poor have evidently been unable to resist the temptation to extend their field of operation so as to include families well able to pay. This practice began by allowing patients to contribute what they felt able. This, of course, was quite proper and permissible, but when service is given to families quite able to pay—say one dollar per hour—it is rather questionable as to whether it should be considered a fair method of procedure.

Such organizations should confine their activities to those families who are known to be unable to pay the minimum nursing fee of the locality. Those able to pay—say a dollar per hour—could very well be cared for by graduate nurses from established registries who are on call but for whom there are no full day cases available at the time.

Furthermore, some hospitals are following the practice of using nurses in training as specials for private cases, but charging the patient an additional fee for such service. This practice, when an extra fee is charged, is clearly a case of exploiting the nurse in training and at the same time cutting into the legitimate field of the graduate nurse.

It is in this way that all such schemes as—(1) short courses of instruction in Home Nursing with

certificates awarded, (2) systems of grading nurses with protanto certificates awarded, (3) nursing service for Insurance or other commercial corporations at less than the minimum fee prevailing in the locality, (4) student nurses as special nurses when a fee is collected—are wrong in principle and detrimental to the interests of the graduate nurse, if not at the same time equally so to those of the physician, the family and the patient.

The graduate nurses of Canada cannot afford to remain silent or indifferent longer in regard to these movements. The various Nurses' Associations should inform their members on all these points, and the questions should be carefully considered and proper representations made to all concerned so that the interests of the graduate nurse—who is so much needed and whose place cannot adequately be filled by any one else—may not find her legitimate field narrowed by encroachments thereon by others without adequate training, or her legitimate patients given service at less than cost by voluntary or community organizations.

Occupational Therapy

By ILA HOUSTON, Superintendent, Occupational Therapy Workshop.

If a normal man or woman cannot remain idle without becoming mentally and physically unfit, how much more important it must be for people who are slowly convalescing or have some chronic illness to have an opportunity for wholesome work. Medical treatment occupies only part of their day, and during the long tedious periods in physical as well as mental sickness, the constant inactivity saps the strength physically, mentally and morally.

"Occupational Therapy" is the application of handcraft and other activities, as a means of treatment for the physically and mentally disabled. In other words, it is the utilization of some kind of occupation to effect as its main object a **cure.**

The earliest mention of work being given as a remedy is found among the ancient Egyptians and the Greeks. The basic principle behind Occupational Therapy has been used by mothers during all ages in the care of children, when they supply "do" for "don't" in a child's life. The wise woman shows her children how to cut pictures with blunt scissors and paste them in a book, instead of telling them continually that they must not touch the scissors. Naturally scissors have an attraction, and as they are a forbidden attraction the child seizes them at the first opportunity and experiments on baby sister's hair, or mother's new frock. Shakespeare has very aptly said that "Men are but children of a larger growth," and no one has a better opportunity of realizing this than a nurse in hospital. It is all very well to tell a patient suffering from pain or mental worry to rest quietly, and not think about themselves, but none of us can direct the current of our thoughts without some outside stimulus. Always doctors and nurses have tried to interest convalescents and chronic invalids in some suitable occupation, knowing that the mind and body recover faster when the patient is happy and busy, instead of brooding and bored. The mere change from idleness to occupation forces him out of his listlessness and improves his mental outlook on life,

because he has less time to fall heir to worry.

But it was not until the Great War that occupations as curative agents were used to any great extent. Canada was the first country to organize Occupational Therapy in a definite department, and use it as a scientific cure. The United States government followed, but in England it has always been left to voluntary organizations. Every kind of craft was used—leather work, hand-wrought metal, wood-carving, basketry, toy-making, bookbinding, designing and many others.

Naturally the type of work given depends on the patient's condition and disability. In injury and affection to bones, joints and muscles a craft to aid in restoration of motion and function must be suggested, possibly wood-carving, or work on a jig saw. In tuberculosis, to procure contentment of mind, thereby contributing to the necessary physical rest, simple work which requires little or no exertion. In heart cases and chronic diseases to help gain mental rest and forget pain, leather work is quite simple to do, and yet requires great accuracy and thought. In mental cases to train the disordered mind in habits of activity, and to re-establish mental and muscular co-ordination any work which is of interest and requires concentration is of value, for it is obvious that the mind which is directing the hands in a new or unfamiliar activity must be so fully occupied with its task, as to leave no room for uncontrolled thoughts. Simplified crafts are used for sick and handicapped children with the most beneficial results. All this one can readily see, helps to raise and maintain the hospital morale.

In any re-educational work the production of a sound mental attitude in the patient must have a primary place. A will to get well must be created if it does not already exist. A patient without hope, resentful and discouraged by his physical disabilities, is difficult to guide. Anything that is suggested for his help is met by the same answer, "Nothing will ever do **me** any good." Some even reach the stage where they "enjoy poor health." This is the hardest thing that the Aide must combat.

Not all discouraged patients may be approached in the same way. Different incentives must be used in different cases. One must be coaxed; one must be commanded; one must be led unwittingly, some on the other hand have to be restrained from overzealous attempts to hasten their own recovery.

Occupational Therapy is now carried on with most beneficial results in the homes of some patients. It was tried with the Field Work for disabled veterans, and found so successful that now it is a distinct branch of Social Service. The work is a God-send to these shut-ins. One has but to visit some of the paralytics, cripples or chronic invalids to see what a boon some interesting and remunerative occupation can be.

Then a more progressive step was made when an Occupational Therapy Curative Work Shop was established at 1099 Bay Street, Toronto, at the instigation of some of the most prominent physicians of the city. It was organized to answer a definite need for the accommodation of patients who would benefit more by class treatment than by individual instruction; those who had left hospital, but were not able physically or mentally to return to their former employment or duties; and for the neurasthenic type who need a change of environment, to mix with other people, and to be forced out of un-

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MISS GERTRUDE ELIZABETH LIVINGSTON

Photograph of a portrait hung in 1922 in the Jubilee Nurses' Home, Montreal General Hospital Training School for Nurses.

Miss Livingston

Pioneer in Canadian Nursing and Founder of the Montreal General Hospital Training School for Nurses

By E. FRANCES UPTON, Reg.N.

COMING up the main staircase of the Montreal Art Gallery one quiet Spring day in 1922, upon reaching the top, I stopped suddenly attracted by a vision which seemed to compel me to turn round. There, in the place of honour in the Spring Exhibition, hung the picture of a nurse in full uniform. None other than Miss Livingston. I gazed, fascinated, the effect being thrilling, at the face of her who for thirty years had by her amazing capacity and power of leadership ruled the workings of our beloved hospital, which has now reached the dignified age of one hundred and four years.

As a graduate of Miss Livingston's School, I felt appreciation that her picture was hanging in such an honourable position; at the same time feeling that an honour had been bestowed upon our Art Gallery by its presence.

The picture itself does not do justice to Miss Livingston, though one realizes that the artist has caught the expression of contentment and understanding which is depicted upon her countenance. The pose is not familiar: sitting comfortably in a chair—a position in which no one ever saw Miss Livingston. When seated she was on the edge of her chair: ready to rise hurriedly and be off about her business.

The picture was moved from the Art Gallery in the Autumn of 1922 and placed in the Jubilee Nurses' Home of the Montreal General Hospital Training School for Nurses, where it now hangs.

So much for the picture. It is of the woman herself I have been asked to write, an honour which I appreciate to the fullest degree, trusting my readers will forgive my shortcomings.

Gertrude Elizabeth Livingston was born of English parents at Sault Ste. Marie, Michigan; educated by English governesses at home; and trained at the New York Hospital, New York. She graduated in 1889 and did private duty for a few months.

While living at Como, Quebec, Miss Livingston was asked to apply for the superintendency of the Montreal General Hospital. She visited it, and said "Never!" Quietly returning to her work in New York City.

Before giving a brief outline of Miss Livingston's career, let us try to picture conditions as they existed at the Montreal General Hospital at that time. In 1875 the Nightingale influence had penetrated to the farthest corners of the earth,but among the very few failures credited to this influence was the effort to establish a training school here. Miss Maria Machin, trained at St. Thomas' Hospital, London (England), was chosen by Miss Nightingale for the work. She had a distinctly fascinating personality and much force of character, but was very dictatorial and lacked tact. Hospital records show that during her short term of office—1875-1878—she discharged one hundred and seventy servants, and waged active war against certain members of the Committee of Management. Dr. J. C. Cameron was her bitter and sworn enemy, and published

extraordinary virulent, anonymous pamphlets against her.

Naturally, nursing affairs at the General Hospital on the departure of "the Nightingales" took a retrograde movement. The work of hospital administration was undertaken by a matron (Miss Rimmer), who was not a nurse, with Miss Anna Caroline Maxwell as "Lady Trainer of Nurses." However, this arrangement was never satisfactory and lasted only a very short time. Miss Maxwell left, retiring in 1889, on account of ill health.

Chaos and darkness reigned—a house divided against itself. The small-pox epidemic in the late eighties had been the cause of poor-quality-students being admitted to the University, with the result that the medical internes at the time of beginning our story were of inferior calibre. They were referred to as "belonging to the small-pox year." We can readily imagine what an abomination of desolation really existed, and the difficulties confronting the Committee of Management at this time. There were no trained nurses in Montreal, except a few English graduates who were visiting friends.

It was at this juncture that Miss Livingston was prevailed upon by Dr. F. J. Shepherd to visit the hospital with a view to applying for the superintendency, and upon viewing it said "Never!" However, she was persuaded to do so later, and on February 22nd, 1890, she came, bringing with her from New York two graduate nurses; one being placed in charge of the medical patients, and the other in charge of the surgical patients. No night supervisor was appointed during the first year, Miss Livingston taking full responsibility both day and night. Miss Baikie, one of Miss Livingston's own graduates, was the first night supervisor, remaining until 1900, when Miss Webster was appointed. In 1925, Miss Webster is still in her prime; on duty twelve hours a night for five nights a week, regardless of the ever-increasing work and worries.

The Organization of the Training School

Immediately upon her arrival Miss Livingston proceeded to organize her training school, drawing up application forms and set of regulations. The old nursing staff were informed that they might remain under the new regulations, and that, after one year, they would be given their badge and diploma. Some of them had been on duty for six years! Much disturbance was caused among the nurses by Miss Livingston's advent, not knowing what was in store for them. A system of "free nurses" was at this time in vogue; that is, no agreement was signed regarding the length of time to be spent in training, and they were allowed to leave by giving one month's notice. After serving one year in the hospital they were allowed to put black velvet ribbon on their caps, were called "head nurses" and received eight dollars a month. No credentials were given upon leaving the hospital. Their dress was of blue print and the cap of book muslin, made by themselves. No uniformity in cap existed.

The front hall of the hospital was papered with copies of the Illustrated London News, etc. The hospital bed linen was drying around and up through the main staircase of the front portion of the hospital. The heating system consisted of a huge stove which sat in the centre of the front hall, and boasted but one leg, the three missing ones being replaced by fire bricks. In the Children's Ward, a curtain drawn across a portion of the room screened what turned out to be cases of diphtheria. Delirious patients were strapped to

their beds while nurses slept. No reports as to patients' condition, no medicine lists, no medicine cupboards, each patient helping himself from the bottle which reposed on a shelf behind his bed. This shelf also contained his soap and tobacco.

There were no bed springs; patients rested on straw mattresses placed on a framework of unpainted iron pipes. Dead bodies were wrapped in newspapers: shrouds and mortuary baskets were unheard of. In the Out-Patients Department the gynaecological patients were attended to by ward maids, it being derogatory to the dignity of the nurse of that time to carry out such duties. Two months after her arrival, Miss Livingston sent two nurses to this department, who felt insulted upon being asked to go, but went. This department was very crowded and understaffed; not nearly enough accommodation for everybody. The hospital kitchen almost adjoined the surgery, only one room separating them. Patients helped in the kitchen —three or four convalescents peeling vegetables: an old custom commenced in England.

Doctors said that a training school in the real sense of the word was impossible. That keeping charts, recording medicine doses, etc., were out of the question.

Further Reforms

One hundred bed quilts were ordered and one hundred mattresses: quilts to be changed when soiled. Chart boards were made, to hang over the patients' beds: this idea meeting with much objection at first. Medicine lists were instituted and nurses were taught to compute doses and to write remarks and reports, especially night orders, etc. A fire system was established. Extreme carelessness had existed regarding fire; there was absolutely no fire protection; no hose, no alarms, and no fire escapes had been provided. Miss Livingston succeeded in arousing the interest of Messrs. Reid-Wilson and Wolferstan Thomas to the necessity of fire protection, which was permanently established.

Proper nursing care was supplied to each ward at night, instead of what had been: no care at all. Adequate isolation of infectious cases was provided, instead of the general melee which previously existed. The care of communicable disease was carried out; this being the only provision for such cases in the city until the building of the Alexandra Hospital, especially for this type of work. There were no maternity wards, but training of nurses in this branch of work was provided by the affiliation with the Montreal Maternity Hospital. It was not made compulsory for nurses to take this training, however, until 1908.

Operating Room Supervision

"Whatever you do, don't quarrel with Alicia," was the warning Miss Livingston received regarding her operating room nurse, Miss Alicia Dunn, who was in charge of this department. Miss Dunn wore a black merino dress, with no cap; did not associate with the nurses—would not even eat her meals with them, but had them served in her own room. She was a very dignified, capable and sympathetic woman. Her successor, Miss Nora Tedford, who took charge upon Miss Dunn's resignation in 1897, of whom a whole book of delightful, grateful appreciation could be written, held the position until the year of Miss Livingston's resignation, leaving on account of ill health.

Accommodation for Private Patients

There was not enough room for private patients, who were sometimes forced to lie upon the floor with their handbags for pillows, later being placed in an outer room adjoining the operating theatre.

(Extracts from a paper read before the Alumnae Association, Montreal General Hospital.)

(Concluded in July number.)

Occupational Therapy

(Continued from page 293)

healthy mental attitudes. Many patients very seldom have the tenacity to resist becoming invalids, and very quickly become resigned to their condition. They need a stimulus from someone who is determined that they shall do something to help themselves.

The Toronto Society of Occupational Therapy, which is composed of graduate aides, was instrumental in establishing this Curative Work Shop, and still contributes largely to its finances. In November, 1922, with the interest and support of some of the most public spirited and influential people of Toronto, this Curative Work Shop was opened, and its growth has exceeded all expectations. It is completely under medical control and supervision. The Dean of the Faculty of Medicine, University of Toronto, is chairman of the Board of Management, which directs its growth and policy.

Its support is entirely derived from voluntary subscriptions—fees from private patients, and from the sale of articles produced at the Curative Work Shop. Then a system of "Bursaries" was instituted, which provides an excellent method for voluntary subscription. Bursaries, or grants, are subscribed for those unable to pay for treatment. These have been given by many interested individuals and societies, including the Daughters of the Empire, Girl Guides, etc. One commercial firm, greatly pleased with the progress made by an employee, subscribed for two bursaries. The bursaries are one hundred dollars for treatment at the Curative Work Shop and one hundred and fifty dollars for home or hospital treatment for one year. If the original patient recovers before the expiration of the term, another may be sent to complete the balance of the time. Reports on the progress of the patients are sent to the physician and donor of the bursary. About one fourth of the patients have to work at home on account of physical disability, and to whom the aides go from the Work Shop at regular times each week. One girl paralyzed in the lower limbs and partially so in arms and hands, after working on the craft work given her, regained the use of her hands. Encouraged and interested she advanced to larger work requiring more movement, and is now attempting to walk by herself.

The Directors can see the growth of the Curative Work Shop in so many ways that they appreciate that it has justified their belief in its value to the community. A larger correspondence from all parts of Canada, patients recommended for treatment by doctors, nurses and a variety of societies and organizations, increasingly constant demands for co-operation from other charitable agencies, and an almost continuous reception of visitors.

Occupational Therapy has proven a success in hospitals, homes and Curative Work Shops. We believe that much remains to be done, and we hope in the future to interest the physicians and nurses of thought and experience in this valuable asset to medical science. We ask their advice, co-operation and help in planning this future.

Canadian Public Health Association

The annual meeting of the Canadian Public Health Association will be held in Montreal on June 8th and 9th. Headquarters and meetings at the Mount Royal Hotel.

This convention follows the meeting of the State and Provincial Health Authorities' Conference, which is being held June 4th and 5th.

Arrangements for hotel accommodation should be made through Professor R. deL. French, McGill University, Montreal, Que.

Tentative Programme for the Congress at Helsingfors July 20th to 25th, 1925

REGISTRATION AND OFFICIAL INFORMATION BUREAU
Friday and Saturday, July 17th to 18th, 2 to 5 p.m.
Monday to Saturday, July 20th to 25th, 9 a.m. to 5 p.m.

MONDAY, JULY 20th.—
3 to 4.30 p.m.: MUSICAL SERVICE.
8 p.m.: OPENING SESSION: Baroness Sofie Mannerheim, President, presiding.
Address of Welcome: Representative of Helsingfors City Council.
Response: Baroness Sofie Mannerheim.
Address: Representative of the Board of Health of Finland.
Music.
Addresses: "The Trained Nurses' Part in Peace": Ethel Bedford Fenwick, Founder of the International Council.
"Greetings from the International Council of Women": Annie Furuhjelm, Member of the Finnish Parliament.

TUESDAY, JULY 21st.—
10 to 12 noon: GENERAL SESSION: Baroness Sofie Mannerheim, President, presiding.
Welcome by the President.
Roll Call by countries.
Report of Local Committee on Arrangements.
Reading of Minutes of last meeting.
Report of Secretary.
Report of Treasurer.
Report of Standing Committees on:
Programme;
Eligibility;
Revision.
New Business.

2 to 5 p.m.: GENERAL SESSION: Ethel Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain, presiding.
SUBJECT: REPORTS FROM AFFILIATED AND NON-AFFILIATED COUNTRIES.
Reports of the Vice-Presidents of the Council:
Ethel Bedford Fenwick (Great Britain).
Adda Eldredge (The United States of America).
Agnes Karll (Germany).
Jean Browne (Canada).
Henny Tscherning (Denmark).
Baroness Sofie Mannerheim (Finland).
M. Verwey Mejan (Holland).
G. A. Hodgson (India).
Cecilia Todd Smith (New Zealand), read by Janet A. Moore, New Zealand.
J. Hellemans (Belgium).
Gladys E. Stephenson (China), read by Miss Cora E. Simpson, China.
Egle Pilastrini (Italy), read by Marchesa Irene di Targiani Giunti, Italy.
Bergliot Larsson (Norway).
M. G. Thompson, (South Africa) read by B. G. Alexander, South Africa.
Reports of the Hon. Vice-Presidents of the Council (omitting those from National Organizations affiliating at Evening Session).
Reports from countries not affiliated (names will be published later).

8 p.m.: GENERAL SESSION: Baroness Sofie Mannerheim, President, presiding.
Introduction of:
New Affiliated National Organizations;
Representative Nurses appointed as Hon. Vice-Presidents from countries not yet affiliated with the Council;
Greetings by Representatives of the older National Associations and Pioneers of Nursing:
Anne Maxwell (The United States of America);
M. A. Snively (Canada);
M. Huxley (Great Britain and Ireland);
Agnes Karll (Germany).
Lantern Slides of Nursing in different countries.

WEDNESDAY, JULY 22nd.—

9 to 10.15 a.m.: ROUND TABLES.

(1) Position of the Matron or Superintendent of Nurses.—Chairman: G. A. Hodgson, President of the Trained Nurses' Association of India, Chief Lady Superintendent of Lady Minto's Indian Nursing Association, Simla, India.

(2) The Duties and Preparation of Teachers and Supervisors.—Chairman: Flora Madeline Shaw, Chairman of the National Section of Nursing Education, Canadian Nurses' Association; Director, School for Graduate Nurses, McGill University, Canada.

(3) Nursing under Government Auspices.—Chairman: Iku Todoriki, Representative of the Nursing Service of the Japanese Red Cross.

(4) The Nurse in Community Health Work.—Chairman: Elizabeth L. Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada.

10.30 a.m. to 1 p.m.: GENERAL SESSION: Annie W. Goodrich, Professor and Dean, Yale School of Nursing, Yale University, U.S.A., presiding.

SUBJECT: ADMINISTRATION AND TEACHING IN SCHOOLS OF NURSING.

(a) Report of the Committee on Education of the International Council.—M. Adelaide Nutting, Professor and Director, Department of Nursing Education, Teachers' College, New York; Chairman of the Committee on Education of the International Council. (Read by Isabel M. Stewart, Associate Professor, Teachers' College).

(b) Adaptation of the Basic Nursing Curriculum to Local Needs.—Nina Gage, Chairman of the Section on Nursing Education, Nurses' Association of China; Dean of the Hunan Yale School of Nursing, Changsha, China.

Discussion:

Ellen Nylander, Matron of the Second Medical Hospital of the University Hospitals of Helsingfors, Finland.

Helen L. Bridge, Director, Warsaw School of Nursing, Poland.

Alice Reeves, President of the National Council of Trained Nurses of the Irish Free State; Matron Dr. Steeven's Hospital, Dublin.

(c) The Relationship of the "School of Nursing" to the Hospital.—F. Meyboom, Matron of the Gemeente Ziekenhuis, Rotterdam, Holland.

Discussion:

Alice de Ibranyi, General Matron of the Nursing Service of the Hungarian Red Cross. (Read by Giri de Hodossy, Hungary.)

Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital, U.S.A.

S. E. Young, Superintendent of Nurses, Montreal General Hospital, Canada.

Afternoon: EXCURSIONS to Hospitals and different Institutions.
GARDEN PARTY.

8.30 p.m.: LECTURE AND DEMONSTRATION (with lantern slides) on Sir Frederick Truby King's Methods of Child Welfare Work—Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand and the Plunket Society.

THURSDAY, JULY 23rd.—

9 to 10.15 a.m.: ROUND TABLES.

(1) How Can Lay People Best Co-operate with the Nursing Profession in the Advancement of Nursing Education.—Chairman: Marchesa Irene di Targiani Giunti, Director of the Nursing Service of the Italian Red Cross.

(2) University Schools of Nursing.—Chairman: Ethel Clarke, Director, Indiana University School for Nurses, Indiana University, Indianapolis, U.S.A.

(3) New Ideas and Devices in the Nursing Care of the Patient.—Chairman: S. Lillian Clayton, Superintendent of Nurses, Philadelphia General Hospital, Philadelphia, U.S.A.

(4) Newer Development in Child Welfare Work.—Chairman: Venny Snellman, Director, Nursing Service of the General Mannerheim's Children's Welfare Association, Helsingfors.

10.30 a.m. to 12.30 p.m.: GENERAL SESSION: Jean Browne, President of the Canadian Nurses' Association, presiding.

SUBJECT: PUBLIC HEALTH NURSING.

(a) The New Emphasis in Public Health Nursing.—Mary S. Gardner, Director of Providence District Nursing Association, Rhode Island, U.S.A.

Discussion:

Olympia Torres, Secretary of the Association of Registered Nurses of Porto Rico.

A French Nurse.

(b) The Preparation of the Public Health Nurse.—Evelyn Walker, Directrice, Association d'Hygiene Sociale de l'Aisne, Soissons, France.

Discussion:

Maynard Carter, League of Red Cross Societies, Director of the International Nursing Course, Bedford College, London, England.

Mary Nelson, Superintendent of Nurses of the American Hospital, Constantinople, Turkey.

A Swedish Nurse.

(c) Types of Organization in Public Health Nursing.—Elizabeth G. Fox, President of the National Organization for Public Health Nursing, U.S.A.; National Director, American Red Cross Public Health Service, Washington, D.C.

Discussion:

Elizabeth L. Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada.

Venny Snellman, Director, Nursing Service of the General Mannerheim's Children's Welfare Association, Helsingfors, Finland.

2 to 5 p.m.: GENERAL SESSION: Agnes Karll, President of the German Nurses' Association, presiding.

SUBJECT: SPECIAL FIELDS OF NURSING.

(a) Private Duty Nursing.—Bergliot Larsson, President of the Norwegian Nurses' Association.

Discussion:

Isabel Macdonald, Royal British Nurses' Association, London.

Minnie Ahrens, Executive Secretary, First District of Illinois, Chicago, U.S.A.

(b) Should Nurses be Encouraged to Take Midwifery Training?—An English Nurse.

Discussion:

Jentie B. N. Paterson, representing the Child Welfare Department of New Zealand and the Plunket Society.

Mary Breckenridge, Kentucky, U.S.A.

(c) What Progress Are We Making in Mental Nursing and Mental Hygiene?—Effie J. Taylor, Associate Professor of Nursing, Yale University; Superintendent of Nurses, New Haven Hospital, Connecticut, U.S.A.

Discussion:

Karin Neuman-Rahn, Director of the Preliminary Course of the School of Nursing, Maria Sjukhus, Helsingfors, Finland.

Signe Hommerberg, Superintendent of Nurses, Sankt Lars Sjukhus, Lund, Sweden.

(d) Newer Developments in Tuberculosis Nursing.—Mlle. Chaptal, President of the French Nurses' Association; Directrice de la Maison-Ecole des Infirmieres privees.

Discussion:

Alta E. Dines, Director of Nursing Service, Association for Improving the Condition of the Poor, New York, U.S.A.

A Nurse from Switzerland.

8 p.m.: OPEN MEETING: Baroness Sofie Mannerheim, President, presiding.

SUBJECT: THE NURSE'S PLACE IN THE WORLD'S HEALTH MOVEMENT.

Addresses: General Mannerheim, representing the Finnish Red Cross.

"Some International Aspects of Nursing Education": Annie W. Goodrich, Professor and Dean, Yale School of Nursing, Yale University, U.S.A., representing the International Council of Nurses.

A Representative of the Rockefeller Foundation.

Dr. Ludwik Rajchman, Director of the Health Section of the Secretariat of the League of Nations.

A Representative of the League of Red Cross Societies.

FRIDAY, JULY 24th.—

9 to 10.15 a.m.: ROUND TABLES.

(1) Organization of the Nursing Service of the Red Cross.—Chairman: Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, U.S.A.

(2) Text and Reference Books for Nurses.—Chairman: Cora E. Simpson, General Secretary of the Nurses' Association of China.

(3) How to Start Public Health Nursing in a New Country.—Chairman: Cecile Mechelynck, Chief Director of the Visiting Nurse Association of Belgium.

(4) Nursing Economics.—Chairman: M. Verwey Mejan, President of the "Nosokomos" (the Dutch Nurses' Association).

10.30 a.m. to 12.30 p.m.: GENERAL SESSION: Countess Louise d'Ursel, Secretary of the Belgian Nurses' Association, presiding.

SUBJECT: NURSING LEGISLATION.

(a) Recent Progress in Nursing Legislation.—Elizabeth Burgess, Assistant Professor of Nursing Education, Teachers' College, New York.

Discussion:

B. G. Alexander, Hon. General Secretary of the South African Trained Nurses' Association; Matron of the Johannesburg

M. Berkelbach, v.d. Sprenkel, Secretary of the "Nosokomos" (the Dutch Nurses' Association).

(b) The Problem of Reciprocity.—Hester Maclean, Editor of "Kai Tiaki," former Director of the Division of Nursing in the Department of Health, New Zealand.

Discussion:

Mlle. Chaptal, President of the French Nurses' Association; Presidente de la premiere section du Conseil de Perfectionnement des Ecoles d'Infirmieres au Ministere de l'Hygiene.

An English Nurse.

(c) Educational Opportunities in the Inspection of Nursing Schools.—Kerstin Nordendahl, Superintendent of Registration in Sweden.

Discussion:

E. MacPherson Dickson, Superintendent of Nurses, Toronto Free Hospital, Weston, Canada.

Adda Eldredge, President of the American Nurses' Association.

4.15 to 5.30 p.m.: ROUND TABLES.

(1) How to Interest Young Women in Nursing.—Chairman: Katherine Olmsted, Chief, Division of Nursing, League of Red Cross Societies.

(2) Professional Ethics.—Chairman: Charlotte Munck, Superintendent of Nurses, Bispebjaerg Hospital, Copenhagen, Denmark.

(3) Subsidiary Groups in Relation to Nursing Service.—Chairman: Jean Gunn, Superintendent of Nurses, Toronto General Hospital, Canada.

(4) The Nurse in Social Service.—Chairman: Meta Kehrer, Social Worker, Amsterdam, Holland.

(5) School Nursing and Health Education in Schools.—Chairman: Helen L. Pearse, Superintendent of School Nurses under the London County Council, England.

8 p.m.: GENERAL SESSION: J. C. Child, Vice-President (Overseas) of the South African Trained Nurses' Association, presiding.

SUBJECT: NURSING ASSOCIATIONS AND PUBLICATIONS.

(a) Fundamental Principles in Professional Nursing Organizations.—Adda Eldgedge, President of the American Nurses' Association.

Discussion:

Henny Tscherning, President, Danish Council of Nurses.

Rachel C. Torrance, Director of the School of Nursing of the Bulgarian Red Cross, Sofia, Bulgaria.

Grace M. Fairley, Superintendent of Nurses, Victoria Hospital, London, Canada.

(b) The Aims of a Professional Journal.—Margaret Breay, Assistant Editor of the "British Journal of Nursing," London.
Discussion:
Ada Carr, Editor of "The Public Health Nurse," National Organization for Public Health Nursing, U.S.A.
H. M. Thacker, Editor of "The Nursing Journal of India," Bombay.
Margrethe Koch, Editor of the "Tidsskrift for Sygepleje," Copenhagen, Denmark.
(c) How to Make a Journal Useful and Attractive.—Mary Roberts, Editor of "The American Journal of Nursing," New York, U.S.A.
Discussion:
Kyllikki Pohjala, Helsingfors, Finland.
Ethel I. Johns, Assistant Professor and Acting Director of the Department of Nursing Education, University of British Columbia, Canada.

SATURDAY, JULY 25th.—

a.m.: BOAT RIDE.

p.m.: Social Gathering and Farewells from Representatives of the Five Continents: Henny Tscherning, President of the Danish Council of Nurses, presiding.
Representative for Asia: Lillian Wu, Superintendent of Nurses of the Red Cross Hospital, Shanghai, China.
Representative for Australia: Janet A. Moore, Instructor, Otago University, New Zealand.
Representative for America: Clara D. Noyes, National Director of the Nursing Service of the American Red Cross, Washington, D.C.
Representative for Africa: B. G. Alexander, Hon. General Secretary of the South African Trained Nurses' Association, Johannesburg, Transvaal.
Representative for Europe: Baroness Sofie Mannerheim, President of the Finnish Nurses' Association, Helsingfors, Finland.

EXHIBITS

Exhibits from the different countries will be highly appreciated, especially if these are concerned with Teaching Material for Schools of Nursing, or with matters relating to Public Health Nursing. Anything related to Practical Nursing and having interest for other countries will also be very welcome.

For the exhibit on Nursing Magazines we shall ask for two copies of any 1925 issue of the national nursing journals, and also for copies of the most prominent magazines of Training School Leagues, Alumnae Associations, or Schools of Nursing.

Each country is asked to send a Small Flag and a Flag-staff, to be placed on the table where its exhibit is to be found.

Kindly send the exhibits in advance of the Congress, so that the material will be in the hands of: The Committee on Arrangements, c.-o. Kirurgiska Sjukhuset, Helsingfors, Finland, not later than two weeks ahead of the opening of the Congress.

PICTURES FOR LANTERN SLIDES

Tuesday evening, July 21st, the Committee on Programme has arranged for lantern slides showing nursing in different countries. We ask our members and friends in the various countries, who have not already done so, to lend us ten to twelve slides, photographs, or pictures of moderate size from each land, showing nursing conditions of former times and of the present day. We are so fortunate as to have an apparatus which can show these different kinds of pictures equally well. Kindly see that this material is in the hands of the Secretary of the Council, Miss C. Reimann, not later than Monday evening, July 20th, the opening day of the Congress. The address of the Secretary until June 20th will be the same as at present, namely, Teachers' College, Columbia University, New York. After that date, until the Congress, in care of Baroness Sofie Mannerheim, Kirurgiska Sjukhuset, Helsingfors, Finland.

Delegates appointed by the Canadian Nurses' Association as representatives to the International Congress, 1925:—The Past Presidents and President C.N.A.: Miss M. A. Snively, 1908-1912; Miss M. A. MacKenzie, 1912-1914; Mrs. Bryce Brown, 1914-1917; Miss Jean I. Gunn, 1917-1920; Miss E. MacP. Dickson, 1920-1922; Miss Jean E. Browne, 1922-

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

"Hobbies"

By ELIZABETH HALL, R.N.

I have been asked to tell you of my hobbies, and, as the hobby that pays dividends has been ruled out, I may tell you of my failures only.

As most of you know, I am a farmer. I think every nurse who decides to live on the land, plans a chicken farm. I started with high ideals; I brought a pen of two-year-old birds, incubator bred for many generations, and, with my social service conscience still active, I decided to develop the maternal instinct of the flock and instead of depending on the incubator, to make the mothers of the flock hatch and care for their chicks as in the long ago past.

Two settings hatched on the same day, one of Leghorns, snowy white, the other, Barred Rock, as black as ink. I quite forgot the racial war between black and white. I took the white chicks from their mother and gave them to the mother of the blacks (as she could easily mother both flocks) and turned the bereaved mother into the laying pen. The mother of the blacks evidently thought the only good chick was a black chick, and proceeded to exterminate the "poor white trash." I arrived in time to rescue the remnant of the flock.

I took their own mother from the laying pen and returned her babes to her, but—she had been released from maternal obligations, and refused to re-open the question. She fell on the little group with beak and claw, and I rescued them with difficulty. They were reared by hand.

With Horticulture, what I have learned in the school of experience is entirely different from the knowledge I gleaned from Government pamphlets and books. I have a field of currants and gooseberries, that I turn a gang of pickers in, ship to the canners, and collect cheques, regular as clock work, and no trouble; but that's not a hobby, there are dividends connected with it.

I had a field of raspberry canes planted, and the next year the fruit withered on the canes because I could'nt persuade pickers to do the work for a sum that would pay me to ship them. I always build a brush heap of the unsatisfactory trees and brushes, and I have a big fire each year. That year every raspberry cane went on the brush heap, and I had a blaze that brought the neighbors.

I tried thornless blackberries. I am fond of them, but disliked the thorny bushes, so I blessed Mr. Burbank, or whoever was responsible for the thornless variety, and set them out in the ex-raspberry field. The berries were delicious, the canes quite free from thorns, but—under the leaves were the thorniest kind of thorns. I have read that Isaac's substitute was found fast in a thicket of thorns, I am quite convinced that "thicket

of thorns" was a thicket of thornless blackberries. They made a huge brush heap.

Last year I set loganberries in that ill-fated field. I had high hopes of influencing the housekeepers in the luscious fruit, and I had listened to many tales of the phenomenal yield of a logan cane. It would not long be in the hobby class, but—I find the loganberry grows a twenty foot cane, literally covered with a furry thorn that irritates; it will pierce the heaviest glove you can work with, and my brush heap bids fair to be mountainous this year.

My latest hobby is a colony of bees. They were guaranteed as purebred Golden Italians, gentle, etc. The life of the bee is about three months at the outside; the originals were, doubtless, well trained and kind, but they have passed to—wherever good bees go, and their descendents are ill bred (probably my fault), they are bad tempered, and will sting on the slightest provocation. Now, what shall I do with them? I cannot dispose of them by way of the brush heap. Does any nurse want a colony of Golden Italians?

(Read before the Vancouver Graduate Nurses' Association.)

Living Sutures in Surgery

By JAMES S. SIMPSON, M.D.C.M., M.R.C.S., L.R.C.P.

The use of living sutures described by Gallie & LeMesieur is of great value in repair of large Ventral and Inguinal Herniae. They found in their investigation that the fascie and tendon cells even if deprived of their blood supply continue to live when used as sutures. That is if a piece of fascie, aponeurosis or tendon is cut free from its circulation and transplanted into the same animal in such manner that it can receive an adequate supply of lymph it will for all practical purposes continue to live unchanged. Such transplants heal to the surrounding structures by new formed connective tissue and it is upon the strength of this the firmness of the fixation depends. The transplants and the surrounding tissues being placed in actual contact, the union will be a fibrous scar which materially increases its strength. By employing the fascie or tendon as a suture and by weaving it securely into the surrounding tissue the strength of the bond will depend upon the strength of the transplant and of the structures into which it is woven. If the surgeon is careful to choose for his living suture a material known to have the necessary strength and if securely anchored into tissues which can stand the strain, permanent union can be expected. This type of suturing is applicable to large ventral and inguinal herniae in patients with weak, poorly developed muscles of the abdominal wall and no support at all at the posterior wall of the inguinal canal. To these patients you can say they have the opportunity of getting splendid results. The usual site for procuring sutures is the Fascie Lata on the outer side of the thigh. I have found to save time it is better to have an assistant who can get the sutures ready while the surgeon is preparing the hernial site for suturing. For example, if the surgeon is doing a left inguinal herniotomy; then the assistant can be working on the right thigh, getting the sutures. A long incision is made on the outer side of the thigh and after clearing

off the fat the glistening fibres of the Fascie Lata is seen. With the scissors and by splitting the fibres of the Fascie Lata sutures of the desired width can be obtained. This is easily done by shoving the scissors in the long axis of the fibres and splitting instead of cutting them. It is well to get as good a length as possible. When the sutures are removed the fascial and skin wounds are closed. The sutures are then ready for the surgeon. These sutures are built up of long fibres which easily split and fray at the end. To make sure this does not happen, wind fine silk around the suture close to the ends Be sure this is secure and cannot be shoved off or become loose. After tying the other end of the suture in the large needle which is used for the purpose, the suture is ready for use. The suture is now anchored firmly in the wound and woven from side to side, at the same time approximating the edges as closely as possible. The same layers are used as when using catgut sutures. The usual care must be used in securely fastening the end of the suture. If more than one or two sutures are required they can be carefully fastened to each other. The wound is closed in the usual manner. Now these sutures are not absorbed, but remain alive and in the same position; thus, the opening in the fascial plains are closed by sutures that remain. The hernial wound is now closed and the usual care and treatment used for the ordinary herniotomy. This method of treating large herniae works splendidly in cases that cannot be cured by the ordinary method.

The Specific Cause of Cancer

A very interesting paper by Julian Loudon, B.A., M.B., M.R.C.S., F.A.C.P., Chief Physician, St. Michael's Hospital, Toronto; Associate in Medicine, University of Toronto, and Dr. Jas. McCormack, entitled "Preliminary Report on the Glover Microorganism as the Specific Cause of Carcinoma," appeared in the Canada Lancet and Practitioner for January of this year. The authors describe how they took tissue and blood from cancerous mice, and from these sources were able to isolate and culture a specific microorganism which was observed to pass through a decidedly peculiar life-cycle. On account of certain characteristics exhibited by this microorganism it is believed that it is a member or near relative of the moulds or hyphomycetes. If this work is confirmed and accepted, cancer will come to be defined as a chronic infective disease due to the Glover hyphomycete, which in certain stages of its existence, grows in epithelial cells and stimulates them to unwonted reproductive activity. Further reports will be awaited with interest, and it is hoped that the work will lead to more efficient treatment of this terrible scourge to which humanity has been subjected from earliest times.

A. M. C.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Public Health Nurse in the Field of Tuberculosis

By JEAN HOUSTON, Reg.N., Manitoba Sanatorium.

THE problem of tuberculosis is not found in the hospital or the sanatorium but in the home, the factory and the school, and if we are going to eradicate the disease, it is there we must solve the problem.

This gives to the public health nurse an important place in the programme and a large share of the responsibility in solving the problem. To do her work effectively she must be trained in the fundamentals of tuberculosis problems, and every public health nurse should be as carefully trained in its detection, care and treatment as the nurse who is doing special tuberculosis work. She should be able to teach the patient how to care for himself, and not infect his family; to recognize early symptoms that might indicate the necessity for thorough examination by a competent physician; know something of the predisposing causes that lower resistance, which might be removed and a break-down prevented. She should be grounded in the knowledge of the sources of infection, and in the rules for the avoidance of further infection.

The first step is the prevention of infection, and the second is the prevention of disease when infection has taken place. The nurse with such knowledge will be of great service to the community, whether she functions as school, child welfare, industrial or visiting nurse?

The child welfare nurse will find at home or in the clinic the young mother who is not recovering her usual health after the birth of the child, who is tired without cause and does not gain as she should, all of which would suggest the necessity for a thorough examination. It is well known that latent disease often becomes progressive after child birth. Also under the nurse's supervision will be the baby, who must be kept from the infected mother and given every chance to build up a well developed resistance by proper feeding and hygiene. It is at this age that resistance is lowest and the danger of infection is greatest.

The pre-school child in the home needs periodical examination and all physical defects corrected so that he may be free to develop a healthy body and be in a sound physical condition to enter school. The nurse in her contact with the home has an opportunity to teach the family the value of proper diet and the need of the observation of hygienic habits.

The visiting nurse will find that her work with the tuberculosis patient will be largely practical teaching in actually caring for the patient in the home. This requires constant supervision and repeated instruction. The number of her visits will depend on the area she has to cover and the type of patient and family with which she has to deal. The intelligent family, anxious to carry out instructions and living in proper home conditions, will not require as much supervision as the patient who is careless and is not eager to co-operate.

The nurse's first visit will be spent in establishing friendly relationships with the patient and the family, in obtaining the family history and the history of the disease, and she may make some suggestions regarding the care of the patient. While talking to the patient she should observe the housing conditions, ventilation, sanitation, the objective symptoms of the patient and family, and their personal hygiene. It is useless to try, during one visit, to convey all the necessary instruction, confusion will be the only result, and probably the family left so bewildered that nothing is accomplished. Many visits may be necessary to teach the simplest routine. The nurse should remember that she did not learn everything in one lecture.

The most important instruction is the care of the sputum, and this should be emphasized from the first. The use of the sputum cup and refills which can be filled with sawdust and burned is the best method. Paper napkins can be used for an ill patient and then dropped into a paper bag and burned. The patient should be taught to cover his mouth and nose while sneezing and coughing. The patient's dishes should be boiled or kept separate, with a separate towel for drying. The pillows and blankets should be exposed often to the sunshine. Literature should be left at the home to reenforce verbal instruction. The nurse, while caring for the patient, must keep in mind the protection of the family. Each member should be examined and a good routine established in the home.

The school nurse has a wonderful opportunity to educate the community to develop an intelligent interest in health as a community problem. She can be alert to improve conditions at the school, by changing stuffy closed rooms into fresh, well ventilated ones. She can enthuse the teachers with the importance of health education for the children; interest the children in the formation of good health habits; interpret to the parents the need for the correction of physical defects and the dangers that beset the malnourished child; and control the spread of communicable disease. She should give special attention to the children who have been exposed to tuberculosis infection, urge frequent examinations, and emphasize the need of rest, fresh air, and good food. The need for frequent physical examinations of all school children cannot be overemphasized. The school nurse should be the translator of health to the teachers, children, parents and community.

The public health nurse in industry has under her supervision a group between the ages of sixteen and thirty years, the age at which a great many break down. They enter the field of industry at a time of strain for the infected individual. There is the period of adolescence, the added responsibility of earning a living, the tendency to longer days and less rest, all of which are a menace. The industrial nurse, while improving conditions for the workers by correcting anything unhygienic or unsanitary, will find most of her work must be educational. She may do this by individual or group instruction and by posters and literature. She should keep before the workers the value of frequent and thorough examination and impress on employers the necessity for the examination of workers, especially food handlers. While every public health nurse must be a tuberculosis nurse, there is a place in the field for the nurse who has specialized along that line. She should be the clearing house for information for the other nurses. She must know what laws exist in the community regarding tuberculosis, what the facilities are for diagnosis and treatment, what relief agencies exist to

help the family, and where dental and other defects may be corrected.

She should have a record of all diagnosed cases in the community so that she can co-operate with the other nurses in the care of the patient in the home, urge the admission to sanatorium and follow up the sanatorium patient on discharge. She must be acquainted with the rules and routine of the sanatoria to which her patients are sent, so that she may give them some idea of what they may expect during their stay, and know something of the latest procedures in the treatment of the disease. She must enthuse the other nurses with the importance of this work, especially in its preventive and educational phases. She should be the cog in the machine of the tuberculosis nursing programme.

While much has been accomplished in reducing the death rate from tuberculosis from the first to the sixth or eighth place as the cause of death, there is still a great need for more work. Curative and preventive measures are valuable but we must spend more time and thought on education.

Nurses must have the knowledge if they are to carry it to the public at large.

The campaign against tuberculosis and the purpose of all public health nursing is to build up a condition of health that will resist the invasion of disease and will make through physical well-being for a longer and better life in the future.

Crossing the Flood

(The following article is taken from the "Nursing Mirror." We are apt to think that only nurses working in outlying districts in new countries are confronted with difficulties in transportation. Apparently this is not so. I wonder if any of our nurses have ever thought of adopting the method described here.—Convener's note.)

Certainly the village I live in is very damp. We are on the bank, and sometimes all the surrounding fields are flooded until the whole countryside looks like a huge river with here and there trees and hedges showing like islands.

One night, after a heavy day on the district, I retired to bed at 10 o'clock, and about an hour afterwards was awakened by a loud knocking. Looking out of my window I heard a man's voice saying, "The missus is terrible rough, Nurse. Will you come?" I said, "How can I possibly get to X? The whole road is flooded after Mr. C's house."

"Oh, I have got something to take you, Nurse," was the reply.

I quickly dressed, got my bag, and started. We had only a few yards to go before the flood began. I could see no cart, nor anything for me to ride in, so I asked my escort where it was.

"Oh, it is all right, Nurse, I have got something for you."

I began to wonder whether the man was sane, for there certainly was no vehicle in sight. Then he left me for a few seconds and appeared with some high stilts.

"Here you are, Nurse. Jump up. I'll take the bag," he said cheerily.

He slipped a strap through the handle of the bag, hung it around his neck, and repeated to me, "Jump up, Nurse. I'll hold the stilts."

Nothing but a poor woman in labour or a sick child would have made me mount the fearful things to go nearly a mile through the flood. I got up, and took a few steps, feeling very brave. Then suddenly I felt

terrified. I could not move, and all the help I got was, "Come on, Nurse, the missus is terrible rough."

I was afraid that if I moved I should fall in the water; it would certainly have reached to my armpits.

"Come on, Nurse, you'm the only body in the three parishes as can help the missus. You must come on."

And on I just had to go, lifting up one stilt after the other till at last we reached our destination. In places I got wet to my knees. When we did arrive at the cottage, I found my patient far advanced in labour, in fact I only had time to get my wet shoes and stockings off, scrub up, and deliver her of a boy baby weighing 10 pounds, 7 ounces. No wonder the man said she was terrible rough!

As I am perilously near sixty years of age, I feel not a little proud of my achievement, walking on stilts through a flood in the inky darkness of a moonless, winter night.

News Notes

BRITISH COLUMBIA

The annual meeting of the British Columbia Graduate Nurses' Association was held on Easter Monday at the Royal Columbian Hospital, New Westminster, and on Tuesday in Vancouver. The Public Health Nursing Committee met at 10.30 a.m. on Tuesday. Reports from the special committees showed that progress had been made. The public health nurses of Greater Vancouver, under the convenership of Miss Joe Peters, held three "get-together suppers" during the winter, with an average attendance of forty nurses. One meeting had been held at Duncan, on Vancouver Island, with Miss Isabel Jeffares as convener. The nurses who attended this meeting came from Victoria and other points on the Island. This meant that the whole day, and in some cases a night, were spent in travelling and attending the meeting. Eleven nurses were present and all felt that the effort had been well worth while.

The request from the National Section for material for the Public Health Exhibit at the International Congress of Nurses, Helsingfors, was presented for discussion. Miss E. Breeze was appointed convener of a committee, with power to choose her associates, to assemble and arrange an exhibit which would be the property of the Provincial Association. Material whenever required could then be selected from such a collection.

Interesting papers were read by Miss Gawley, of Keremeos, "My Experiences in New Communities," and by Miss Maden, of Duncan, on "Child Welfare Work in the Rural Districts."

Miss M. E. Morrison was elected convener of the Public Health Nursing Committee for the ensuing two years.

An Institute in Nursing was held at the University of British Columbia, April 15th to 19th, inclusive, and was well attended. While broad enough in its scope to be of interest to all nurses, special features had been arranged for the Public Health Nursing group, with closed morning sessions for the provincial public health nurses who had been called in for the Institute by the Provincial Officer of Health, Dr. Young.

A much appreciated feature of the Institute was a Book Clinic and a Health Poster Exhibit. The latter was prepared by Miss Breeze and the school children. The Japanese children's exhibit was of unusual interest. The Book Clinic, arranged by Miss Johns, proved to be most attractive to all visitors, and all time that could be spared was spent there. A splendid selection of literature on all phases of nursing and its allied subjects was arranged in groups, with outstanding passages marked. The cultural side of the nurses' life had not been overlooked, as gems in poetry and prose formed a notable contribution to the whole.

The announcement of Miss Ethel I. Johns' appointment to the Rockefeller Foundation has just been made. While the nurses of the Province are greatly pleased with the honor that has been conferred on Miss Johns and on the Department of Nursing of British Columbia, her departure from the Province will be deeply regretted by all. However, because of the nature of her work, it is felt that Miss Johns will still be part and parcel of the Provincial Association.

(Continued on page 314)

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

PHYSICAL EDUCATION CLASS
Royal Victoria Hospital Training School for Nurses—Montreal

The Value of Physical Training for Student Nurses

By H. I. SANDERSON, Reg.N., Director of Physical Education

The excellent results obtained from the time spent in physical training during the preliminary course at the Training School for Nurses, Royal Victoria Hospital, Montreal, have far exceeded expectation, and it is hoped that the time is not far distant when every training school will, when at all possible, allot regular periods in the curriculum to this important subject.

The class has proved to be invaluable as a mental, physical and social stimulus. The idea is to develop the body into a harmonious whole—not to increase muscle—but to learn to control that already present. The exercises must not be allowed to degenerate into drill, or the interest of the class will lag.

The enthusiasm of our students appeared to be as keen during the "Swedish Day's Order" and "Marching Tactics" as in the folk dances and competitive games.

In order that the frank opinion of the class might be obtained regarding physical education, each member of the class was asked to write a short paper, unsigned, expressing her views. Without exception, enthusiasm was the keynote. The following is a summary of the forty-two papers written: 1. Relieves mental tension; 2. Promotes play interest; 3. Makes one feel younger; 4. Corrects posture and walk; 5. Expands the chest which is contracted for so long each day while giving bedside care; 6. Chases worries; 7. Creates a happier spirit and ability to see the sunny side of work; 8. Develops mental and physical co-ordination; 9. "Have it oftener."

This summary is surely convincing evidence of the place physical education should hold in our Training Schools for Nurses.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

"In Memory of"

In proud and loving memory of the fourteen Nursing Sisters who lost their lives on the Llandovery Castle, the night of June 27th, 1918.

Matron Margaret M. Fraser.	N/S Jessie M. McDiarmid.
N/S Christina Campbell.	N/S Mary A. McKenzie.
N/S Carola J. Douglas.	N/S Rena McLean.
N/S Alexina Dussault.	N/S Mae B. Sampson.
N/S Minnie S. Follette.	N/S Gladys I. Sare.
N/S Margaret J. Fortesque.	N/S Anna J. Stamers.
N/S Minnie K. Gallaher.	N/S Jean Templeman.

As stated by the Hon. E. M. MacDonald, Minister of National Defense, at the unveiling and dedication of the Sailor's Memorial Mounment at Halifax, in August, 1924, these nurses "stepped into immortality"—snatched from active duty, without warning, they made the supreme sacrifice with calm assurance and soldierly dignity.

Let us not forget to honour their memory—

"I tell you they have not died,
Their hands clasp yours and mine,
They are but glorified,
They have become divine."

From War to Peace

By N/S E. T. ROGERS *

The Great War ended in November 1918. I wonder how many of us really realize how its effects have gone on through these six intervening years, not the effect on the country as a whole but on the ex-soldier and his family as individuals. To cope with the condition of the man and his family has been the work of the Medical Social Service Department of the Department of Soldiers' Civil Re-establishment. Gradually and naturally the work has changed, but always new problems take the place of the old. At first we dealt with all men who had been in the army, but gradually many have resumed civil life, until now our concern is with the men who have disabilities due to war service and with the dependents of those who gave their lives.

A great many men, fed up with "army life," failed to report their disabilities when "demobbed," their main idea being to get out of the

army and "back home." Many, thinking their disability only a temporary one, "carried on," took tonics, and consulted their family physicians for "cold," "indigestion," etc. Gradually their condition has retrogressed, and now, confronted with the necessity of a serious operation or a period of sanatorium treatment, they apply for consideration as to treatment and pension. One of the most interesting phases of our work is writing up the histories of these cases, trying to relate the man's present disability with war service and show continuity of symptoms. The various physicians and surgeons who have been consulted are interviewed. Also we obtain a complete industrial report. This is often very difficult as some of the men have had a multiplicity of jobs, but the employers are most courteous in furnishing details as to time lost, health notes, etc. After working very hard on a case for some days, interviewing many people and travelling to many places to secure authentic information to forge the necessary link between present conditions and war service, there is a great satisfaction on drawing the file to find that the condition has been recognized and the man is eligible for treatment and pension.

In the years immediately succeeding the war all tuberculosis cases in the Unit were called upon frequently by the nurses. It is the policy of the Department of Public Health to have their nurses visit these homes for strict supervision of all contacts. In order to avoid overlapping, a certain amount of visiting by D.S.C.R. nurses was discontinued and at present our Department pays routine calls only on cases that are over 80 per cent. disabled. Lower percentages are visited on request and comforts obtained for the men from various organizations, such as the Red Cross, various Chapters of the I.O.D.E., and recently the Radio Association has been most generous in supplying radio sets to a number of men who are confined to their homes.

Another type of work that has proved most constructive is the administration of pensions. Occasionally the widow of a soldier, trying to do her best for herself and family, has found herself unable to provide even the necessities of life. This is not due to the fact that her allowance is inadequate, but rather to the fact that she has been the victim of unscrupulous tradespeople. To many of these women with a family of children, the cheque coming in at the end of the month seems to be a very gold mine without end. They go ahead and buy what is offered to them in the way of player pianos, electric washing machines, life insurance policies, etc., until by the end of the second week the pension is gone and it is necessary to go into debt for necessities. Thus the pension is practically spent before it is received and, like Micawber of old, trouble ensues.

By tracing our experience with one family, the reader may be better able to judge the work in this department. Numerous tradespeople were writing the department of debts owed by Mrs. A. Her landlord was pressing her for four months' arrears of rent, the school authorities reported the children absent for want of clothing. The mother was visited, and as is often the case, was at first very resentful and indignant at the idea that she could not manage her own family affairs. But a little talk soon revealed the fact that the woman was worried. Eventually she was only too glad to shift her responsibilities to the shoulders of the investigator. She owed four months' rent, a grocery bill of several hundred dollars, several hundred dollars for furniture on the credit system, and had seventeen insurance policies on the lives of a family of five.

To make a long story short, we visited the woman's creditors, made an agreement whereby we paid off

her debts at so much a month, paid her rent and gave her a weekly allowance. That happened about two years ago. The woman is now free of debt, has moved into a better house, and this winter when she was asked if she would like her pension cheque as formerly said, "Oh! dear no; it goes so much farther this way! I would rather you would pay the rent and give me the rest by the week!" In cases such as this a little help and advice often averts disaster.

In this short article I have endeavored to give some idea of the routine work. Like every Social Service Department, our work is never monotonous and many calls come in that refuse to fit into any routine.

[*Nurse in Charge of Medical Social Service and Investigation Dept.—"D" unit, D.S.C.R.]

Book Review

"Personal Hygiene for Nurses;" by John Wymond Miller Bunker, Ph.D., and Clair Elsmere Turner, M.A., C.P.H., 186 pages, illustrated, the C. V. Mosby Co., St. Louis, price $2.00.

This book affords a practical but scientific presentation of the facts underlying healthful living. A chapter is devoted to such topics as Food and Digestion, the Mouth, the Alimentary Tract, the Nervous System, Muscular Exercises, the Feet, Sleep, Cleanliness, Nutrition, the Endocrine Glands, Reproduction, and Adaptation to Enviroment.

Although written primarily for nurses, graduate and undergraduate, it meets the health needs of all people, lay and professional. Authoratative material is provided which may be used in presenting the various phases of hygienic living to adult and child groups, through the physiological and scientific background. This book will be welcomed by health teachers who have long felt the need for knowledge of scientific reasons underlying for formation of health habits.

The contents of the book should prove of value, not only to those who wish to safeguard their own health but to those whose duty and privilege it is to spread the gospel of good health to the schools and homes of the community.

News Notes

(Continued from page 310)

ALBERTA

Misss Mary Shearer has a position in the hospital at Prince George, B.C.

Miss Tephie Best married last December and is living in California.

Miss Watson is visiting her sister in California.

MANITOBA

The Executive Committee of the Nursing Sisters' Club, Winnipeg, entertained at tea in honor of Mrs. W. Petch (N/S E. Little) on April 16th, 1925, prior to her departure for Montreal, where she will reside in future. Mrs. Petch was an enthusiastic member of the Club and will be greatly missed. On behalf of the Club, Miss Attrill, President, extended best wishes for the future to Mrs. Petch.

Notes from the Library Committee

Health Education—

Report of the Cambridge Health Education Conference, held June 23-28, 1924. Published by the American Child Health Association, 370 Seventh Ave., New York City, N.Y.

Health Training in Schools: Dansdill; price, $1.00. National Tuberculosis Association, 370 Seventh Ave., New York City, N.Y.

Health Education in Rural Schools: J. Mace Andrews.

Many Roads to Health; price, 25c. American Child Health Association.

Personal and Community Health—

A Service Booklet on the New York Station Health Examination Campaign, 105 East 22nd Street, New York City, N.Y.

Mothercraft—

Getting Ready to Become Mothers: C. Van Blarcom; price, $1.50—McMillan Co.

Obstetrical Nursing: C. Van Blarcom; McMillan Co.

House of Health Series—

"The Expectant Mother in the House of Health," 10c each.

"The Baby in the House of Health," 15c each.

News Notes

ALBERTA

EDMONTON

Royal Alexandra Hospital A.A.

The Graduating Exercises for the Class of 1925 were held in the Nurses' Residence at 3 p.m. on April 15th, when thirty graduates received their diplomas and medals. Several inspiring addresses were delivered to the graduating class, after which tea was served to about four hundred guests.

A delightful dance was given at the Nurses' Residence on the evening of April 14th by the Hospital Board in honor of the Graduating Class.

Miss Annie Anderson, 1922, left on May 1st for New York, en route for the Old Country, where an extended holiday will be spent.

Miss Lilian Laurie, 1917, has been appointed in charge of the second floor, medical wards, of the Royal Alexandra Hospital.

BRITISH COLUMBIA

The annual meeting of the Graduate Nurses' Association of British Columbia was held Easter Monday and Tuesday, April 13th and 14th, 1925. The meetings of the first day were held at the Royal Columbian Hospital, New Westminster, and those of the fourteenth at the Nurses' Residence, Vancouver General Hospital. Council meetings were held before the first meeting and after the last one, when the newly-elected officers and council took over the business of the Association. The invocation was given by the Rev. Rae, followed by addresses of welcome from the Mayor and the Graduate Nurses' Association of New Westminster, and replied to by Miss K. W. Ellis.

Miss Elizabeth Breeze, R.N., President, gave a most interesting address, welcoming all members and friends and explaining just what the organization and profession stood for. The report of the work of the Association was given by Mrs. M. E. Johnston, R.N., secretary, followed by the treasurer's report, presented by Miss Randal, registrar. The registrar then gave her report, which showed that 2,100 nurses had registered since the Act was passed and that 199 nurses wrote on examinations during the past year. The report showed the great increase in the secretarial work of the Association done in the registrar's office. The registrar referred to the tragic death of Miss Neilson. Addresses were then given by the various standing committees, with the report of the special Memorial Committee, Miss Breeze, convener, and of the circulation manager of "The Canadian Nurse," Miss Lumsden.

Miss E. I. Johns, R.N.; Miss E. M. Morrison, R.N., and Miss Mirfield, R.N., were elected conveners of the Committees on Nursing Education, Public Health Nursing and Private Duty Nursing.

After some discussion on the expenses of the National Office, the following resolution was unanimously passed: "That the Executive Committee, Canadian Nurses' Association, be asked to make a study of the expenses of the Association, including the National Office, with a view to meeting all expenses under the affiliation fee, instead of having both an affiliation fee and a special levy for the office expenses. This affiliation fee to be the minimum required to cover the expenses of the Association work, including the National Office."

Miss Randal, R.N., was appointed the representative from the G.N.A. of B.C. to the British Columbia Hospital Association meeting, which is to be held in Nanaimo in August, 1925.

A communication was read from the Scholarship Committee of the Nursing Education Section, C.N.A., urging federated associations to provide scholarships for nurses. It was decided to form a committee with members from the Nursing Education, Public Health and Private Duty Committees to inquire into this matter. At the conclusion of this meeting tea was served by the New Westminster Graduate Nurses' Association.

At the evening meeting—Miss Breeze presiding—an address on Physiotherapy was given by Dr. S. C. McEwen. Misses H. Hill and King, dietitians at the Vancouver General Hospital and the Royal Columbian Hospital, gave interesting talks and demonstrations on the administration of insulin. Vocal selections were interspersed, and after the National Anthem was sung, the members were the guests of the local Association.

The morning meeting of April 14th was held at the Nurses' Residence, Vancouver General Hospital, when papers were given by Dr. W. D. Keith on Goitre, and by Mrs. Hamish McIntosh on "The Private Duty Nurses' Contribution to Public Health."

In the afternoon, the meeting was opened with an address on Child Welfare by Dr. G. A. Lamont, followed by a Health Play, put on by a group of children from the Strathcona School, who prepared and presented the play without any assistance from the teachers. This play was very well done and proved most interesting. The President then announced the result

of the election of officers and councillors for 1925-27 as follows: President, Mrs. M. E. Johnston; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss Jessie MacKenzie; Secretary, Miss K. S. Stott; Registrar, Miss Helen Randal; Councillors—Misses E. I. Johns, M. Ethel Morrison, Maud Mirfield, K. W. Ellis, Mary Campbell, L. McAllister, and Mrs. Calhoun.

Miss Breeze, the retiring President, spoke a few words of appreciation for the help she had received from the members during her term of office. Miss Randal presented Miss Breeze with a beautiful bouquet of roses, expressing the appreciation of the members for the work which Miss Breeze had done for the Association as secretary since its organization in 1912 and during her term as President for the past four years. The thirteenth Annual Convention was then declared closed, and the members were entertained at tea by the Alumnae Association, V.G.H., in the Residence. A banquet was held in the evening at the Ambassador, when over one hundred nurses were present.

MANITOBA

During Easter week an Extension Course for nurses was arranged by the University of Manitoba. The lectures and clinics were fairly well attended, and proved both interesting and instructive. The lectures and clinics were as follows: Public Health Legislation, 1 hour; Psychology, 3 hours; Preventive Medicine, 1 hour; Nutrition, 2 hours; Social Work, 2 hours; Tuberculosis, 2 hours; Orthopedics, 3 hours; Goitre and Basal Metabolism, 1½ hour; Dermatology, 2 hours.

Brandon Association of Graduate Nurses

The annual meeting of the Association was held on May 1st, 1925. A resumé of the activities during the year is as follows: Ten business meetings were held, at which papers on current events in the medical and nursing world were read and discussed; delegates were sent to the meetings of the Manitoba Graduate Nurses' Association and to the Canadian Nurses' Association; contributions and gifts were made to the Cross of Sacrifice erected in the Brandon cemetery, to the blind of the city, and to members of the Association who are patients at the Manitoba Sanatorium. Several social affairs during the year were much enjoyed by the members. The secretary reported a paid-up membership of forty-four members.

Manitoba Association of Graduate Nurses

The regular meeting of the Manitoba Association of Graduate Nurses was held on Tuesday, April 14th, at the St. Regis Hotel. The members first met for dinner, the business meeting taking place later in the evening. The speaker for the evening was Miss Kenneth Haig, of the Manitoba Free Press staff, who spoke on "Traditions of Manitoba."

NEW BRUNSWICK

MONCTON

The Moncton Chapter, New Brunswick Association of Registered Nurses, held a St. Patrick's dance and bridge on March 18th, at Castle Hall, for the benefit of the Milk Fund of the Child Welfare Association, the purpose of which is to supply milk gratis to the needy school children while at school.

The net proceeds of the evening amounted to one hundred and ninety-one dollars.

CAMPBELLTON
Soldiers' Memorial Hospital

The first Graduating Exercises of the Soldiers' Memorial Hospital Training School took place on March 16th, 1925, exactly three years from the date of the opening of the Hospital.

The members of the Graduating Class had been much feted during the previous week. There was a large number in attendance at the Exercises, which were held in the Town Hall. The seven graduates looked very attractive in their white uniforms, each carrying an armful of red and white carnations tied with the school colors—red and white. Dr. Chipman, of Montreal, addressed the Class, while the diplomas and medals were presented by Mr. Corry Clark, Newcastle. The F. M. Anderson Memorial Prize ($25.00) for General Proficiency was awarded to Miss Ethel Glover and presented by Mrs. F. M. Anderson. The prize for Operating Room technique from the Soldiers' Memorial Hospital Alumnae Association was won by Miss May Adams and presented on behalf of the Association by Mrs. W. Millican. The Medical Board prizes of Hypodermic Sets were presented by Dr. Murray. The Superintendent of Nurses, Miss Bliss, was presented with a purse of gold by the Ladies' Hospital Aid. After the Exercises a reception was held by the Aid, when a very pleasant time was spent.

NOVA SCOTIA

The Halifax Branch, Graduate Nurses' Association of Nova Scotia, held a meeting on April 16th, at the Dalhousie Public Health Clinic. N/S Laura Hubley, President, was in the chair. In addition to routine business, Miss Marjorie Trefry, delegate to the Provincial Association, gave a report of the recent meeting of the Executive Committee, G.N.A.N.S. Discussion followed on the examination for re-

gistration, which was to be held on May 19th and 20th in Halifax, on the possibility of a Provincial Public Health Library and on scholarships for nurses in Nova Scotia.

The Red Cross Home Nursing courses, given by the Technical College, are being conducted by Misses Frances Fraser, Esther MacD. MacWatt, Mary Hayden, Mary Dempsey, Mary F. Campbell, Agnes D. Carson, C. M. Graham, and C. B. Blyth. The classes are held at the M.H.H.C. No. 1, Dalhousie Public Health Clinic, Parker Street Church and the Y.M.C.A. Each class has about thirty members.

Miss A. M. Johnston, Reg.N., formerly with the Dalhousie Unit, and for the past four years Matron of King Edward VII. Hospital, Bermuda, has accepted the position as Matron of the Isolation Hospital, Halifax. Miss Johnston is a graduate of the Toronto General Hospital and succeeds Miss Mary Boudreau, Reg.N., who has resigned her position because of ill-health. Miss Boudreau has been Matron of the Isolation Hospital for the past five years, and is a graduate of the Waterbury Hospital, Waterbury, Conn.

Miss Catherine T. MacDonald, Reg.N., has accepted the position as public health nurse for the Department of Indian Affairs, Nova Scotia. Miss MacDonald is a graduate of St. Joseph's Hospital, Glace Bay, and of the Department of Public Health Nursing, Dalhousie University, as well as a post-graduate of the Massachusetts General Hospital, Boston, Mass. Miss MacDonald was a member of St. F.X. Overseas Unit.

Miss Lilia Thomas, Reg.N., has accepted the position as Superintendent, Halifax Infants' Home, Halifax. Miss Thomas is a graduate of the Victoria General Hospital, 1915, and went overseas with the Dalhousie Unit. Miss Thomas served for five years at Camp Hill Hospital, then as Superintendent of Rainbow Haven, and later on the staff of the Station Hospital, Halifax.

Miss Eva Burchell, Reg.N., has resigned her position as Superintendent of the Halifax Infants' Home. Miss Burchell is a graduate of the Royal Victoria Hospital, Montreal.

Captain Emily Ashby, of the supervising staff of Grace Maternity Hospital, has left for Vancouver, en route for Japan, where her marriage will take place to Captain Kenneth Barr. Captain Ashby spent seven years in Halifax, first at the Maternity Hospital, Tower Road, and later in the new building, the Grace Maternity Hospital.

The report of the Dalhousie University Public Health Clinic for January showed that 495 patients were treated, of which 120 cases were medical, 93 surgical, 36 ear, nose and throat, 26 eye, 17 skin, 31 gynaecological, 12 orthopedic, 66 dental and 25 pre-school cases.

Between fifty and sixty crippled children were treated at the Children's Hospital during the past year.

ONTARIO

TORONTO

Hospital for Sick Children A.A.

The diplomas to the Graduating Class, 1925, Hospital for Sick Children, are to be presented this year by Mrs. Goodson, who before her marriage was Miss Brent, Superintendent of the Hospital for many years.

Through the generosity of Mrs. T. T. McWaters, a new tennis court is being given to the members of the training school. The court will be situated south of the Residence, and will be one of the finest of its kind in the city, the cost being about five hundred dollars.

Miss Hazel Franks, 1911, is to be Superintendent of the Lakeside Home, the summer home of the Hospital for Sick Children. Miss Grace Ayleworth, 1915, has been appointed Night Supervisor at Lakeside, while Miss Barbara Spence, 1924, is to be in charge of the Heather Club Pavilion.

The engagement and forthcoming marriage is announced of Miss Gladys Laurence, 1915, to Dr. Leslie Huether, of the Shriners' Hospital, Salt Lake City, U.S.

The approaching marriage is announced of Miss Grace Palen, 1923, to Mr. John Wilfred.

Grace Hospital A.A.

The annual meeting of the Alumnae Association was held at 216 Huron Street, Monday, April 20th, 1925, at 8 p.m.

The following officers were appointed: Hon. President, Mrs. Currie; President, Mrs. Gray; 1st Vice-President, Miss Goodman; 2nd Vice-President, Miss Dyer; Recording Secretary, Miss A. Bell; Corresponding Secretary, Miss M. Shaw; Treasurer, Miss E. Ogilvie; Board of Directors —Misses Rowan, Duvellan, Lansbrough, Emory and Mrs. Grant.

Toronto General Hospital A.A.

A very successful "Theatre Night" was held on Monday, April 20th, by the Alumnae Association. The play was Victor Herbert's "Dream Girl," which was presented at the Royal Alexandra Theatre. The theatre was well filled and the Association is pleased to report a substantial profit. The patronesses were Lady Flavelle, Mrs. G. H. Ferguson, Mrs. C. L. Starr, Mrs. Decker, Mrs. Gooderham, Mrs. C. B. McNaught, Mrs. Bruce McDonald, Miss Blackwell, Mrs. Gurney, Mrs. McEachren, Mrs. Perry Goldsmith, Mrs. D. N. McLennan, Mrs. W. B. Hendry, Mrs. T. Brad-

shaw, Mrs. Forbes Godfrey and Mrs. John Turnbull.

The following changes have taken place in the nursing staff of the Toronto General Hospital: Miss Olive Willcocks, 1920, has resigned from her position in the Private Operating Room, and is succeeded by Miss K. Meek, 1917. Miss Willcocks is spending a long holiday in Muskoka. Miss Frances Horton, 1923, in charge of Floor 1, Private Patient's Pavilion has been succeeded by Miss Aubra Cleaver, 1923. Miss Frances Charlton, 1925, is assistant head nurse on Floor 5, P.P.P. Miss Jean Young, 1923, has resigned from Ward D and Mrs. Ward, 1925, has been appointed to Miss Young's former position.

The many friends of Miss Vivien Lane, 1922, will regret to learn that she has been ill for some time in the Private Patient's Pavilion, T.G.H. Recently, Miss Lane's condition has improved and it is hoped she will soon be fully recovered.

Miss Astrid Andreasen, 1923, is in charge of the Operating Room, Medicine Hat General Hospital, Medicine Hat, Alta.

Miss Mary McIlquham, 1923, is taking a post graduate course in Obstetrics at Sloane Hospital, New York, N.Y.

Miss Winnifred Deneau, 1923, has accepted a position on the nursing staff at the Willett Hospital, Paris, Ont.

Mrs. G. O. Johnson, formerly Miss Eleanor McKay, 1923, has moved from Ottawa to Winnipeg, where she will reside in the future.

Miss Eudora Watson, 1923, has been appointed to the nursing staff at the Red Cross Hospital, Hornepayne, Ont.

HAMILTON

Hamilton General Hospital A.A.

At the meeting of the Alumnae Association, held on May 7th, 1925, the sum of three hundred dollars was voted from the funds to be used as a scholarship for a graduate of the Hamilton General Hospital Training School for Nurses who might wish to attend a course for graduate nurses at one of the universities. The sum of fifty dollars was donated to the Children's Fresh Air Fund. Interesting reports of the annual meeting, Graduate Nurses' Association of Ontario, were given by Misses Hall, Hobden and Sadler. Miss Rayside will finish her talks on the History of Nursing at the regular meeting of the Association in June.

Miss Catherine Irwin has accepted a position with the local Victorian Order of Nurses.

St. Joseph's Hospital A.A.

The Annual Retreat of the nurses of St. Joseph's Hospital was conducted by Rev. Father O'Sullivan from Wednesday evening, May 13th, to Sunday morning, May 17th, 1925.

A successful linen shower in aid of the Hospital was held at Undermount on May 12th.

Misses Gallagher, Smith and Murphy, 1924, are engaged in general ward duty at Mount Sinai Hospital, Cleveland, Ohio.

FORT WILLIAM AND PORT ARTHUR

Thunder Bay Graduate Nurses' Association

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held at the Port Arthur General Hospital Nurses' Home on Thursday evening, May 7th. There was a splendid attendance and on the conclusion of the business session the Rev. Reed, of Port Arthur, gave an extremely interesting talk on the life, work and death of Nurse Edith Cavell, the night of the meeting being the anniversary of her tragic death.

Two songs sung by Mr. Jolly, accompanied by Mr. Sumpton, were much enjoyed, and a delightful lunch, served by the nurses of the Port Arthur General Hospital, concluded a memorable meeting.

On St. Patrick's Day, at the McKellar General Hospital, Fort William, the Thunder Bay Graduate Nurses' Association gave a most successful card party, with tables for both auction bridge and "500." Handsome prizes were donated by Mrs. (Dr.) J. E. Cook (formerly Superintendent of the McKellar General Hospital); by Miss Pearl Morrison, the Superintendent of the McKellar General Hospital, and by Miss S. M. McDougall, the President of the Association. The rooms of the Nurses' Home were beautifully decorated for the occasion and a delightful lunch was served. Over a hundred guests enjoyed the hospitality of the nurses.

As a fitting climax to the day of celebration in honour of the Golden Jubilee of the Reverend Mother Monica, the revered Mother Superior of St. Joseph's Hospital, the nurses' graduation exercises of that hospital were held in the Wallace Hall, Port Arthur, on the evening of Wednesday, May 6th, when more than five hundred visitors attended.

The class presented an engrossing picture of professional efficiency combined with artistic loveliness, and as each graduate advanced to receive diploma, medal or special prize from the hands of His Lordship, Bishop Scollard, the enthusiasm and applause of the audience reached a high pitch.

The prize-winners were:—Prize for highest marks in medicine, presented by Dr. H. R. Bryan, Miss Coglan; prize for efficiency in practical work, presented by Dr. G. E. Eakins, Miss Major; prize for general efficiency, presented by Dr. Charles Powell, Miss Gaston; prize for

dietetics, presented by Mother Aldegonde, to whom a special tribute was paid by the Rev. Father Cox, S.J., Mrs. Ticknor; prize for deportment, presented by Rev. Mother Monica, Miss Grant; prize for general efficiency, presented by Mother Aldegonde, Miss Coglano; prize for proficiency in bandaging, presented by Mother Aldegonde, Miss Gaston.

Sister Francis, in charge of the Graduating Class, received mention and marked expressions of gratitude, and each member of the class received a clinical thermometer from the Ladies' Aid of the Hospital and reference books from the undergraduates of the Training School.

Representing the medical profession, Dr. Eakins gave a splendid address to the nurses, dwelling upon the vital importance of their vocation and the serious responsibilities that they would assume when they took up their duties. He suggested that no more excellent example or greater inspiration for their life-work could be found than in the record of the Rev. Mother Monica, for so many years the directing and inspiring force that has controlled the destinies of St. Joseph's Hospital.

His Worship Mayor Crooks also paid a very high tribute to the magnificent work accomplished by the Hospital and extended the heartiest congratulations of the citizens of Port Arthur to each member of the Graduating Class.

The musical portion of the programme was greatly enjoyed and a short programme of dancing brought this very important and happy occasion to a close.

QUEBEC

MONTREAL

Royal Victoria Hospital A.A.

Miss Mildred Ewing, 1915, has joined the staff of Nassau Hospital, Mineola, N.Y.

Miss Margaret Pringle, 1921, is Assistant Superintendent at the Victoria Public Hospital, Fredericton, N.B.

Many friends will be interested to learn that after two years of study and missionary work, Miss Evelyn Eaton, 1921, has passed very successfully both sets of examinations in the Indian language. Miss Eaton has been appointed recently in charge of a hospital and training school at Pitapuram, Godavari District, India.

Montreal General Hospital A.A.

Miss Raeburn, 1925, has been appointed Night Supervisor of the Newport Hospital, Newport, Vt.

Miss Elizabeth Scarlett, 1916, who has been in charge of the Maternity Ward in the Medical Arts Hospital, Montreal, has accepted a similar position in the Ford Hospital, Detroit, Mich.

Miss Evelyn Hamilton, 1925, is in charge of a ward in the Shriners Hospital, Cedar Ave., Montreal.

Miss Lucretia Stewart, 1925, has accepted a position as Night Supervisor of Lockport City Hospital, Lockport, N.Y.

The members of the Alumnae Association extend their sympathy to Miss Gwendolin Nichol in the loss of her father, and to Miss Alice Miller in the loss of her brother.

Miss Helen Parminter, 1924, is in charge of the Infirmary, Verdun Protestant Hospital, Montreal.

Miss Kate Wilson sails on the "S.S. Athenia," June 19th, for Scotland, to visit her home during the summer.

The engagement is announced of Marjorie, daughter of Mrs. E. D. Whelpy, Central Greenwich, N.B., to Mr. George H. Sonne, son of Mr. and Mrs. Christopher Sonne, Outremount, Que. The wedding is to take place in August.

The engagement is announced of Martha Elizabeth, daughter of Mr. and Mrs. W. Arthur McMillan, Chesterville, Ont., to Mr. Byard Black of Hallville, Ont. The marriage is to take place on June 3rd, 1925, at the home of Mrs. V. C. Moulton, Westmount, a cousin of the bride.

The marriage is announced of Alice, daughter of Mr. and Mrs. A. E. Miller, 244 Fairmount Ave., Montreal, to Mr. Frank Downes of New York City, to take place at St. Michael's Church, Montreal, on June 11th, 1925.

Western Hospital A.A.

Miss B. A. Birch, nurse in charge of the Operating Room, has returned from her trip to New York. Mrs. McTaggart relieved for Miss Birch during the latter's absence.

Miss Florence Martin, Night Superintendent, has been called to her home in Nova Scotia, owing to the serious illness of her father.

Miss Mabel Martin and Miss Anne Scullen have been appointed recently to the staff of the Western Hospital.

Miss A. Bouresk has accepted a position on the nursing staff of the Medical Arts Hospital, Montreal

Miss Edna Botes, 1924, is practising at present in Boston, Mass.

Miss Mary Sharpe, 1923, has been appointed Assistant Superintendent of the Sherbrooke Hospital, Sherbrooke, Que.

Miss E. Wright, President of the Alumnae Association of the Western Hospital, Montreal, has recovered from her illness and has returned to her home.

The Western Hospital has recently sustained a great loss through the death of the Chief Surgeon, Dr. J. Anderson Springle, which occurred on April 11th, 1925.

SHERBROOKE

Graduate Nurses' Association of the Eastern Townships

The Graduate Nurses' Association of the Eastern Townships have proven themselves to be a most enthusiastic and active organization. By means of several most enjoyable social affairs they have raised funds for relief purposes, and recently, after raising seven hundred dollars they purchased a car for the local nurse who is engaged with the Victorian Order of Nunres. The district which this nurse visits is exceedingly large so that the car will prove to be of much assistance to her, as well as to her patients. Several interesting and instructive lectures have been given to the Association by the medical men of the city.

QUEBEC

Jeffrey Hale's Hospital A.A.

The Alumnae Association entertained at a most successful Bridge on the evening of April 14th, in aid of their school. Flowers and home-made sweets, decorated with the school colors, were sold during the evening. The non-players were entertained with fortune-telling, an auction, and an attractive fish pond. The proceeds amounted to seven hundred and thirty-five dollars.

Miss E. Matheson has been appointed in charge of the Communicable Disease Service, J.H.H. Miss Matheson recently spent two months each in the Toronto Tubercular Hospital and in the Alexandra Hospital, Montreal.

Miss Hazel Black has resigned from the Hospital staff and will spend the summer visiting friends in the United States.

Miss C. E. Armour and Miss E. MacKay are planning to attend the Congress of the International Congress of Nurses at Helsingfors, Finland.

Miss N. MacKie has been appointed Night Supervisor at the University Hospital, Edmonton, Alta.

SASKATCHEWAN

REGINA

The annual meeting of the Regina Registered Nurses' Association was held on April 2nd, 1925. The officers elected for the year were: Hon. President, Mrs. W. A. Thomson; President, Mrs. J. T. Waddell; First Vice-President, Miss E. D. Lindsay; Second Vice-President, Mrs. A. O. Tanney; Treasurer, Miss E. J. Thomas; Secretary, Miss H. McCarthy.

At the May meeting of the Association plans were made for the summer's work in connection with the annual bazaar, and conveners of committees were appointed to take charge of the different booths. While the proceeds of the 1924 bazaar had been set aside as a benefit fund for sick nurses, it was decided to utilize the funds arising from the 1925 bazaar for the general expenses of the Association. Dr. Frances McGill gave a most interesting address on Goitre. Before the meeting adjourned until September, 1925, it was decided to accept Mrs. Morton's kind invitation to hold a social meeting at her home, in Lumsden, during June. Arrangements for some suitable form of entertainment for the graduating classes from the two City Hospitals were left to the Social and Executive Committees.

SASKATOON

The annual meeting of the Saskatoon Graduate Nurses' Association was held in St. Paul's Hospital Nurses' Home on April 6th, 1925. The officers for the year were elected and a delegate appointed to attend the annual meeting of the Provincial Registered Nurses' Association in Moose Jaw. Tea was served by the Sisters following the business meeting.

The May meeting of the Association was held at the home of Mrs. H. N. Lamont. In addition to routine business, a report of the Provincial Annual Meeting was given by the delegate. Tea was served by the hostess.

The passing of Mrs. Clo Goodwin, R.N., at Aulac, N.B., on March 12th, 1925, was a great shock to her many Western friends as well as to those in the Maritime Provinces and in various parts of the United States. Mrs. Goodwin graduated in 1912 from the Union Hospital, Fall River, Mass. She did district work in Boston and held several institutional positions in Western Canada. Mrs. Goodwin was an energetic worker in Saskatchewan during the first influenza epidemic, to which her husband succumbed while she herself was ill. During 1919 and 1920 she was actively engaged in social service work for the Soldiers' Settlement Board in Calgary, and was Superintendent of the Victorian Order of Nurses in Edmonton from 1922 to 1924, when she resigned on account of ill-health. Mrs. Goodwin was much loved by all who knew her. Her charming personality and sunny disposition won her many friends wherever she went, and we feel that—

"She is not dead, she has but passed
Beyond the mists that bind us here,
Into the new and larger life
Of that serene sphere.

"She has but dropped her robe of clay
To put the shining raiment on,
She has not wandered far away,
She is not 'lost' nor 'gone'."

Appointment of Canadian Nurses by the Rockefeller Foundation

The appointment has recently been announced of Miss Ethel I. Johns to the field staff of the Division of Studies of the Rockefeller Foundation for special work in connection with Nursing Education, first in the United States and later in Europe.

Miss Johns has been Director of the Department of Nursing in the University of British Columbia since October, 1919, when the first University Course for Nurses was established in Canada.

At the invitation of the Rockefeller Foundation, Miss E. Kathleen Russell, Director of the Department of Public Health Nursing of the University of Toronto, has gone to Europe to observe and study nursing activities. Miss Russell left Canada the last week of April and expects to be away for four months. Such an experience will afford an opportunity of coming in contact with existing conditions in the various European countries and will help to make possible the arrangement of post-graduate work best fitted to meet the needs of foreign students.

The congratulations and best wishes of Canadian nurses are extended to Miss Johns and Miss Russell, both of whom in addition to contributing largely to the advance of Nursing Education in Canada, have been most generous in aiding the provincial and national organizations of nurses.

MARRIAGES

LOGAN—LEE—On November 5th, 1924, at the Baptist Temple, Halifax, N.S., Marguerite S. E. Lee (General Public Hospital, St. John, 1914) to George H. Logan, of Shubernacadie, N. S. Mr. and Mrs. Logan will reside at 341 Creighton St., East Halifax, N.S.

SIMPSON—WELLS—On December 10th, 1924, Muriel Wells (Wellesley Hospital, 1924) to Morley Simpson, of Brighton, Ont.

CROSBY—COLWELL—On Saturday, May 2nd, 1925, at Halifax, N.S., Berta Colwell (R.V.H., 1923) to Dr. Hazlett Saunders Crosby.

YORKE—WARD—On Tuesday, May 5th, 1925, at London, Ont., Pauline Louise Ward (R.V.H., 1923) to James Warren York. At home 35 Aylmer Ave., Ottawa, Ont.

McLEOD—PRATT—In April, 1925, Miss Pratt (H.S.C., 1923) to Peter McLeod, of Englehart, Ont.

FOXTON — WARNER — On April 16th, 1925, at Fort William, Ont., Alma Margaret Warner (McKellar General Hospital, 1923) to Henry Foxton.

HUMPHREYS—GILCHRIST—On Saturday, April 25th, 1925, Lyall Gilchrist (T.G.H., 1919) to Dr. John Humphreys. Dr. and Mrs. Humphreys will reside at Apt. 3, La Plaza Apts., Charles and Jarvis Sts., Toronto.

REOCH—MORRISON—On May 4th, 1925, in Regina, Florence Morrison (Regina General Hospital, 1924) to John Reoch, of Regina.

WALLIS—FRAPPIER—On April 11th, 1925, at Banff, B.C., Mildred Frappier, (M.G.H., 1924) to George Wallis. Both of Vancouver, B.C.

BIRTHS

CRYSDALE—On Easter Sunday, April 12th, 1925, at Wellesley Hospital, Toronto, to Mr. and Mrs. John P. Crysdale (Marian O'Hara, W.H., 1924) a son.

SHEEHAN—On April 4th, 1925, at Dundas, Ont., to Mr. and Mrs. Sheehan (Nora Finn, S.J.H., Hamilton, 1917) a daughter.

BRECKENRIDGE—On April 12th, 1925, at the Montreal Maternity Hospital, to Mr. and Mrs. J. Breckenridge (Florence Hodge, M.G.H., 1921) a son.

McCALLUM—On April 20th, 1925, at St. Joseph's Hospital, Port Arthur, Ont., to Mr. and Mrs. A. V. McCallum (Olive Tweedley, St. Joseph's Hospital, Port Arthur, 1919) a daughter, Olive Elizabeth.

POLLARD—On March 18th, 1925, at Alliston, Ont., to Mr. and Mrs. J. G. Pollard (Mary F. Brown, T.G.H., 1921) a son.

MITCHELL—At Grand Rapids, Mich., to Dr. and Mrs. Mitchell (K. Stewart, T.G.H., 1923) a daughter.

Institute in Nursing

A most successful Institute in Nursing was held under the auspices of the Department of Nursing and Health in the University of British Columbia from April 15th to 18th, 1925.

One hundred and three graduate nurses attended. In addition, the senior classes from the Royal Columbian Hospital, New Westminster, and from St. Paul's Hospital, Vancouver, were present at certain lectures.

Dr. H. E. Young, Provincial Officer of Health, arranged that all public health nurses employed by the Provincial Government should attend. Their travelling and hotel expenses were defrayed and the necessary relief nurses were provided during their absence. Morning sessions were arranged for the benefit of this group at which they had an opportunity of discussing their special problems in private. The remaining sessions were open to graduate nurses in general.

The nurses in attendance were drawn from all phases of nursing service, institutional, private duty, and public health, the latter being in the majority.

The book clinic was more popular than ever and a small poster exhibit, representing the work of children in the Greater Vancouver Schools, created considerable interest.

It is hoped that the increased facilities at the new university site at Point Grey will make it possible to vary and improve further efforts along this line.

The following are some of the addresses given during the session, all of which proved of great interest and value:

1. **Introductory address:** The President of the University.
2. The Contribution of the Dairy to Public Health. Miss Helen Campbell, Demonstrator and Lecturer, Dairy Branch, Department of Agriculture, Ottawa.
3. The Nursing Care of Radiation Cases. Dr. C. Wesley Prowd.
4. The Health Program in the Schools from the Principal's Point of View. Mr. Alfred Rines, Supervising Principal of the Lord Roberts School. Discussion opened by Miss Mary Campbell, R.N., School Nurse.
5. Impetigo. Dr. T. R. B. Nelles.
6. The Nurses as a Public Health Official. Dr. H. E. Young, Provincial Officer of Health.
7. Recent advances in the Control of Communicable Disease. Dr. E. D. Carder.
8. Some Principles of Public Speaking. Mr. F. G. C. Wood, Associate Professor of English, University of British Columbia.
9. Means of Stimulating Interest in Health. Mrs. D. Bellamy, R.N., School Nurse.
10. Posture in Relation to Health. Miss E. Cotsworth, Physical Instructress, Vancouver Schools.
11. Symposium: Some aspects of the professional relationships of medicine and nursing.

In the chair: Dr. C. H. Vrooman, President, British Columbia Medical Association.

Participating in the discussion: Dr. J. A. Gillespie and Dr. J. H. MacDermot.

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses' Association

Vol. XXI. WINNIPEG, MAN., JULY, 1925 No. 7

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Acting Editor and Business Manager:—
JEAN S. WILSON,, Reg. N., 609 Boyd Building, Winnipeg, Man.

JULY, 1925

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